2000	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)
2000	OHITOHM	DOSINESS		10011

DOCU  1. Entity Nam	_		0001889							
ACD AS	SOCIATES LIMITED PAR	TNERSHIP								
Principal Plac 305 S.W. 140 NEWBERRY F			Mailing Address 305 S.W. 140 TERRACI NEWBERRY FL 32669-3				SECRET DIVISION O OO FEB			
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Principal F	Place of Business		3. Mailing Address			7 13 2 1 2 1 1	10 (310) 21()) 00()	, , , , , , , , , , , , , , , , , , , ,		
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS S	PACE	
City & Stat	te		City & State	<u> </u>	4.	FEI Number	59-3349464		<b>—</b>	Applied For Not Applicabl
Zip	Country		Zip	Country	5.	Certificate of	Status Desired		8.75 A	Additional ired
	6. Name and Address	of Current R	egistered Agent		7.	Name and A	dress of New Re	gistered A	gent	
				Nam	e					
	DEVELOPMENT, INC. 140 TERRACE			Stree	et Address (P.O.	Box Number is	Not Acceptable)			
	RY FL 32669			•				· ·		
				City	<u> </u>		<del></del>	FL	Zip C	ode
	e named entity submits this s	statement for t	the purpose of changing	its registered office	e or registered a	igent, or both,	in the State of Fion	······		
BIGNATURE	Signature, typed or printed name of re	egistered agent and	d title if applicable. (N	NOTE: Registered Agent sig				DATE	TO REDT	OF STATE
SIGNATURE	Signature, typed or printed name of reportributions son record.	egistered agent and	d title if applicable. (N  10. Amount of Ca in FLORIDA to	NOTE: Registered Agent significations of the contributions of the contri	gnature required when	reinstating)	11. MAKE CHECK SEE REVERS	DATE  ( PAYABLE TOR	FEE INF	
GNATURE	Signature, typed or printed name of reportributions on record.	egistered agent and	d title if applicable. (A)  10. Amount of Ca in FLORIDA to	NOTE: Registered Agent significations of date.	gnature required when	ED AND AC	11. MAKE CHECK SEE REVERS TIVE WITH THIS	DATE  ( PAYABLE TO BE SIDE FOR SOFFICE.	FEE INF	
IGNATURE  Capital Co as Shown	Signature, typed or printed name of recording to record.  A GENERAL PANOTE: General Pa	egistered agent and 800.00 ARTNER TH Intners MAY	d title if applicable. (N  10. Amount of Ca in FLORIDA to	NOTE: Registered Agent significations of date.	gnature required when	ED AND AC	11. MAKE CHECK SEE REVERS TIVE WITH THIS	DATE  ( PAYABLE TO SIDE FOR SOFFICE. neral parti	FEE INF ner.	
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2-11-2000

Daytime Phone #