2222	LIMITADIA	DUCINECE	DEDADT	/IIDD
2 000	OMILOUM	BUSINESS	REPURI	(UDN)

DOCUI 1. Entity Nam EPPY, LT		00002028		SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address 1871 N.W. 93RD WAY 1871 N.W. 93RD WAY PLANTATION FL 33322 PLANTATION FL 33322-5657		,	00 APR 28 AM 3: 05			
2. Principal Place of Business . 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	State City & State			4. FEI Number 65-0631119 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Currer	nt Registered Agent	Name	7. Name and Address of New Registered Agent		
TEVEL II	IDITILI ANN		Name			
TEKEL, JUDITH ANN 1871 NW 93RD WAY			Street A	Street Address (P.O. Box Number is Not Acceptable)		
FLANIAII	INTATION FL 33322		City	FL Zip Code		
9. Capital Coras Shown of	A GENERAL PARTNER NOTE: General Partners & GENERAL PARTN	10. Amount of Capital in FLORIDA to date t THAT IS A BUSINESS ENTI	Contributions e.	ure required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. Indiment must be filed to change a general partner. ADDRESS CHANGES ONLY		
NAME Street Address City-St-Zip	TEKEL, JUDITH ANN 1871 NW 93RD WAY PLANTATION FL 33322		CITY-ST-ZJP	5000032670568 -05/25/0001084020 *****526.25 *****526.25		
EPPY, JERALD DAVID STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33428 TO COMMENT A STREET ADDRESS BOCA RATON FL 33428		STREET ADDRESS	****\$25.25 ****\$25.25 &			
DOCUMENT#	نها بدن به مهد دمع الله مهدن		STREET ADDRESS	and the second s		
STREET ADDRESS CITY - ST - ZIP	Andrew Committee		CITY-ST-ZIP	·		
DOCUMENT# VAME			STREET ADDRESS			
STREET ADORESS CITY - ST - ZIP	3		CITY-ST-ZIP			
DOCUMENT #			STREET ADDRESS			
STREET ADDRESS	<u> </u>		CLIA-21-SD			
DOCUMENT# NAME STREET ADOMESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
indicatéd	ertify that the information supplied w on this report is true and accurate ar er or trustee empowered to execute	nd that my signature shall have the	e same legal effe	ted in Section 119.07(3)(i), Florida Statutes, I further certify that the information ct as if made under oath; that I am a General Partner of the limited partnership or tutes		

SIGNATURE:

4/21/00954-792-6700 Date/ Date/ Daytime Phone #