PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
FLORIDA DEPARTMENT OF STATE				FILED	
STA END TO SCI ary of the				02 MAR 22 PM 4: 00	
DOCUMENT # A95000002067				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership					
BEAR FAMILY LIMITED PARTNERSHIP				-03/26/1	.693580 0201049012
2. Principal Office Address	3. Mailing Office Address			***308	7.75 ***3087.75
140 Royal Palm Way Suite 20	· ·		20	Date Formed or Registered     To Do Business in Florida	12/20/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number	Applied For Not Applicable
City & State Palm Beach, FL 33480	City & State Palm Beach, FL 33486			CERTIFICATE OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status
Zip Country	Zip	Country		7a. Capital Contributions as shown of \$1,367,399.00	on Record:
33480 U.S.	33480 U.S.			7b. Amount of Capital Contributions in FLORIDA to date: \$1,367,399.90	
8. Name and Address o	of Current Registered Agent				
Peter Matwiczyk, Esq.  FEES:  1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered					
Street Address (P.O. Box Number is Not Acceptable) 140 Royal Palm Way				in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.	
Suite, Apt. #, Etc. 206					
Palm Beach	State FL	Zip Code 33480		Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) Site Mutwics & DATE 3-15-02					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY					
	Address of Each	· · · · · · · · · · · · · · · · · · ·	E WI	TH THIS OFFICE.  City, State and Zip Code	10a. Registration
Name(s) of General Partner(s)	(Do NOT Use Past C	Office Box Numbers)		City, State and Zip Code	Document Number
Willard C. Bear	140 Royal Pa	alm Way	Palr	m Beach, FL 33480	n/a
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE DATE \$ /15/00					
Typed or Printed Name of General Partner Signing Form Willard G. Bear Telephone Number 5(01-655-4663					