| Due By May 1, 2004 DOCUMENT # A9500002103 1. Entity Name DEL ROSAL INVESTMENT PARTNERS, LTD. | | | | | | 4 08:00 A y of State | |
|---|---|--|---|--------------------------------|---|--|--|
| Principal Place of Business 9400 OLD CUTLER LANE CORAL GABLES, FL 33156 | | Mailing Address 34TH FLOOR - MIAMI CENTER 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt #, etc | | Suite, Apt #, etc | | | 03012004 Chg-LP | CR2E003 | ; (10/03) |
| City & State | | City & State | | | 4. FEI Number 65-0682045 | | Applied For Not Applicable |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired | □ \$8 Fe | 8.75 Additional e Required |
| | 6. Name and Address of Curr | ent Registered Agent | | Jame | 7. Name and Address of New | Registered Age | ent |
| FERRELL GROUP CORPORATE SERVICES, LLC 201 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131 | | | [| | (P.O. Box Number is Not Acceptable) | | |
| | | | | Dify | FL Zip Code | | |
| 8. The above | e named entity submits this stateme | nt for the purpose of changir | ng its registered o | office or register | red agent, or both, in the State of F | | and accept |
| the ບິນແອອ | tions of registered agent | | | | | | |
| SIGNATURE | Signature lyped or printed name of registered a | igen' and title if applicable | | | | DATE | |
| 9. Capital Co as Shown | ontributions on record \$775,000.00 | 10. Amount of C in FLORIDA | Capital Contribution | 005 | | | |
| | A GENERAL PARTNE NOTE: General Partners | R THAT IS A BUSINESS | S ENTITY MUS | T BE REGIS | TERED AND ACTIVE WITH T It must be filed to change a g | HIS OFFICE. | |
| 12. | GENFRAL PART | | 13, | | ADDRESS CI | | |
| DOCUMENT / NAME | | | street al | DORESS | | | |
| STREET ADDRESS GITY - ST - ZIP | | D., SUITE 3400 | CITY-ST- | ZIP | | | |
| ODGUMENT # | | | STREET AL | DORLSS | 100001 101/301/20 |)0157720 <u>1-80037-0</u> |)22 526.25 |
| NAMÊ | | | | | | | |
| NAME STREET ADDRESS CITY - ST - ZIP | | | City-St-, | ZIP | | | |
| NAME STREET ADDRESS City-ST-Zip Document & Name | | <u> </u> | GITY-ST-, STREET AL | | | | |
| NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT # | | | | DORESS | | | |
| NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS C TY-ST-ZIP DOCUMENT / NAME | | | STREET AF | DPRESS ZIP | | | |
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| NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / DOCUMENT / | | | STREET AF CATY-ST- STREET AL C+TY-ST- | DDRESS | | | |
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| NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | cert-ly that the information supplied to on this report is true and accurate ver or trustee ompowered to execut ELONINE, | with this filing does not quall and that my signature shall r e this report as required by TALC. (L F Q | STREET AL CITY-ST- STREET AL C-TY-ST- STREET AL CITY-ST- CITY-ST- | DDRESS | | I further certify al Partner of the | that the information a limited partnership or |