DOCUMENT # A9600000082						FILED		
1. Entity Name L & S FAMILY, LTD.								2
Eddi	AWILI, LID.				C	2 APR 29 PM 5:	48	
Principal Place 5775 WEST H	Mailing Address 5775 WEST HALLANDALE HOLLYWOOD FL 33023	5775 WEST HALLANDALE BEACH BLVD.		TAI	ECRETARY OF STATE LEAHASSEE, FLORID	4		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002			
City & State		City & State		4. FEI Number	65-0700925	Applied For Not Applicable		
Zip Country		Zip	Country		5. Certificate o		\$8.75 Additional	į
<u> </u>	6. Name and Address of Current	Registered Agent		· · · ·	7. Name and A	ddress of New Registered A		
COHN, ALAN B C/O ABRAMS, ANTON, ROBBINS, RESNICK				Name	ess (P.O. Box Number is Not Acceptable)			
				Street Address				
2021 TYL HOLLYW	.er st. 00d fl 33022		City				Zip Code	į
The above named entity submits this statement for the purpose of changing its rec					FE			
o. The above	maned entity soomits this statement ic	in the purpose of changing its	register	ed office of registe	red agent, or both	in the state of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent				DATE			
9. Capital Contributions as Shown on record. \$1,000,000.00 10. Amount of Capital C in FLORIDA to date.				ibutions 7,000	,000.00	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOI		
	A GENERAL PARTNER 1 NOTE: General Partners MA	THAT IS A BUSINESS EN AY NOT be changed on th	TITY Me form	NUST BE REGIS n; an amendmei	TERED AND AC	TIVE WITH THIS OFFICE to change a general par	tner.	
12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY			
DOCUMENT # NAME	STANTON, RICHARD		STR	S000055020		20957	(9/01)	
STREET ADDRESS CITY-ST-ZIP	5775 West Hallandale Beac Hollywood Fl 33023	BLVD.		r-st-zip		****526.25	****526.25	2E003
DOCUMENT #	STANTON, LINDA		STR	EET ADORESS	A.			8
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STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP				
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in Section 119.07(3)(i), Florida Statutes. I further certify that the information is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partners in the same legal effect as if made under oath; that I am a General Partner of the limited partners in the same legal effect as if made under oath; that I am a General Partner of the limited partners in the same legal effect as if made under oath; that I am a General Partner of the limited partners in the same legal effect as if made under oath; that I am a General Partner of the limited partners in the same legal effect as if made under oath; that I am a General Partner of the limited partners in the same legal effect as if made under oath; that I am a General Partner of the limited partners in the same legal effect as if made under oath; that I am a General Partner of the limited partners in the same legal effect as if made under oath; that I am a General Partner of the limited partners in the same legal effect as if made under oath; that I am a General Partner of the limited partners in the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath								
the receiver or trustee employment to execute this report as required by Chapter 620, Florida Statutes								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date							- 994 - J999 vtime Phone #	