2002	2 UNI	FORM BUS	INESS REPO	RT (U	BR)				
DOCUMENT*#* A9600000182  1. Entity Name					FILED				
THE PINK PALACE, LTD.						02 MAY 13 PH 12: 20			
Principal Place of Business Mailing Address					<u> </u>	THE RECOUNTABLE OF STATE			
% PINK PALACE MANAGEMENT INC 1546 MAIN STREET DUNEDIN FL 34698			% PINK PALACE MANAGEMENT INC 1546 MAIN STREET DUNEDIN FL 34698		SEORETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business			3. Mailing Address			- I LEBIBLI IBIB LEKIA BIRKI BELIK BELKI BERKI BENIL BENIL BENIL BENIL BENIL KENA 1964 1964 1964 1964 1964 1964			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DUE BY MAY 1, 2002				
City & State			City & State		4. FEI Number	2408630		Applied For Not Applicable	
Zip		Country	Zip	Country		5. Certificate of Statu		\${	8.75 Additional
6. Name and Address of Current Registered Agent						7. Name and Addres	s of New Regis		
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301					Name Street Address (P.O. Box Number is Not Acceptable)				
								FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its re  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions as Shown on record.  10. Amount of Capital of the purpose of changing its re  Signature, typed or printed name of registered agent and title if applicable.  10. Amount of Capital of the purpose of changing its re						11.	MAKE CHECK PA	DATE	O DEPT. OF STATE
as Shown on record.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.									
- 12. GENERAL PARTNER INFORMATION							DRESS CHANG		-
DOCUMENT # NAME STREET ADDRESS	P9600000 PINK PAL 1546 MAII	ace management, II	NC.	STREET ADDRE	ss				
CITY-ST-ZIP	DUNEDIN			CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
DOCUMENT # NAME STREET ADDRESS				STREET ADORE	ss		FF	\$90	16.25
CITY-ST-ZIP		<u> </u>		CITY-ST-ZIP		_	<del></del> .		
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CITY-ST-ZIP DOCUMENT #				CITY-ST-ZIP		——————————————————————————————————————	05/29/02-	0101 0101 C **	364 17016 **926.25
NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRES	SS .			.U ***	
DOCUMENT #	10	, ,		STREET ADDRES	ss				

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 indicated on this report is true 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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

JEDA COURE REPORTAGE MANAGEMENT, INC.

5-8.02 727.736.628.720)

CR2E003 (9/01)