			NESS REPO	H I	(ORK	<u>)                                    </u>				
DOCUMENT # A9600000350  1. Entity Name										
ROCKLEDGE MALL ASSOCIATES, LTD.										
							FILED			
Principal Pla	ice of Busines:	S	Mailing Address			02 AF	02 APR 16 AM 9: 25			
2500 MILITARY TRAIL. SUITE 200 BOCA RATON FL 33431			2500 MILITARY TRAIL. SUITE 200 BOCA RATON FL 33431			SECR	ETARY OF STA	TE		
BOOK HATON PE 33431						TALLA	HASSEE, FLOR	İDΑ		
2. Principal Place of Business 3. Mailing Address										
101 Pi	neapple	Grove Way	3. Mailing Address 101 Pineapple Grove Way				rara fatik bijil Balili kaliti da			)
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				DUE BY MAY	1, 200	2	
City & Sta Delray	Beach,	FL	City & State Delray Beach, FL			4. FEI Number	65-0668814		Applied	
Zip 33444	Country		Zip Coun		y	5. Certificate of		¬ \$	Not App <b>B.75</b> Additions	
33444	6. Name and Address of Current Registered Ag		33444 legistered Agent						e Required	
FRICKE, HENRY A ESQUIRE					Name F					
		., SUITE 200			Street Add	et Address (P.O. Box Number is Not Acceptable)  101 Pineapple Grove Way				
BOCA RATON FL 33431						<u> </u>	Olove_nay			
					City	elray Beach	······································	FL	Zip Code 33444	
8. The above	named entity	submits this statement for	the purpose of changing its r	egistered	d office or re	gistered agent, or both	, in the State of Florida.		33747	<u> </u>
SIGNATURE .	for	ref (T	, Esq.		3/	1/02				
9. Capital Contributions  410 000 00  10. Amount of Capital Contrib						0.000.00	11. MAKE CHECK PA	VARIF T	O DEPT OF STA	ATF
as Shown			in FLORIDA to dat			0,000.00	SEE REVERSE SI	DE FOR		
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.										
DOCUMENT #	P96000016	341		_	ADDRESS		ADDRESS CHANGE	SONLY		
NAME STREET ADDRESS	ROCKLEDGE PROPERTY MANAGE 2500 MILITARY TRAIL, SUITE 200 BOCA RATON FL 33431		EMENT, INC.		· ·	101 Pineapple Grove Way				
CITY-ST-ZIP				CITY-S	T-ZIP	Delray Beach	, FL 33444	!	al	
DOCUMENT # NAME				STREET	ADDRESS					1
STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP					$\neg$
DOCUMENT #					ADDRESS	ODESS			<del>5</del>	
NAME STREET ADDRESS					·		<u>-04/29/02-</u> ****150 7	<u>-nin</u>	19026 ***150-75	
DOCUMENT #				CITY-S1	1-ZIP		**************************************	J -7-1		
NAME				STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-ST	T-ZIP				·	
DOCUMENT #				STREET	ADDRESS			-		
STREET ADDRESS				City-st	- 7IP					
DOCUMENT :				5117-51			<del> </del>		<u> </u>	
NAME STREET ADDRESS			ساسوندي برانسو بدير	STREET	ADDRESS					
CITY-ST-ZIP				CITY-ST	-ZiP					
14. I hereby co	ertify that the i	nformation supplied with this true and the	is filing does not qualify for the	ne exemp	otion stated in	n Section 119.07(3)(i), I	Florida Statutes. I furthe	er certify	hat the informat	tion

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 pool as sequired by Chapter 620, Florida Statutes

ROCKLEDGE PROPERTY MANAGEMENT, INC., a Florida corporation

SIGNATURE:

By:

SIGNATURE:

By:

SIGNATURE BY:

SIGNATURE DEPORT OF PROPERTY PROPERTY PROPERTY OF PROPERTY PR