Due By May 1, 2006					Mar 23, 2006 08:00 A Secretary of State			
1. Entity Nan	MENT # A9600				Secre	tary of S	iaie	
) ME BR	YON FAMILY LIMITED	PARTNERSHIP, LTD.						
•	ce of Business	Mailing Address						
145 N.E. 1S MIAMI, FL 3		145 N.E. 1ST STREET MIAMI, FL 33132						
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	OO NOT WR	ITE IN THIS SI	PACE	4. FEI Numbe	or		pplied For	
		and the second s			of Status Desired	\$8.75 Ac		
	6. Name and Address of	Current Registered Agent						
BYRON, MIGUEL L 145 NE 1ST STREET MIAMI, FL 33132		gentagenesses produced in distance in a good good good good good good good go		NOT W		. :		
				-117	THIS SP	ACE		
	a named entity submits this state tions of registered agent.	ement for the purpose of changing its re	egistered office or registe	red agent, or bot	h, in the State of Flor	ida. I am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registr	ared <b>agent and inte</b> if applicable				DATE		
	FJL After Ma	00		04/87/06	1477925 -80010-014	500.00		
<u>.</u>	A GENERAL PART NOTE: General Partn	NER THAT IS A BUSINESS ENT ers MAY NOT be changed on the	ITY MUST BE REGIS form; an amendme	TERED AND A nt must be file	CTIVE WITH THI d to change a ge	S OFFICE. neral partner.		
12.	T	ARTNER INFORMATION						
DOCUMENT # NAME	P96000017656 JEWELTECH INTERNATI	ONAL, INC.				• •		
STREET ADDRESS	145 N.E. 1ST STREET				1. The state of th			
DOCUMENT #	MIAMI, FL 33132							
NAME STREET ADDRESS CITY-ST-ZIP				·				
DOCUMENT #								
NAME			l					
STREET ADDRESS CITY-ST-ZIP				DO N	NOT WE	KITE		
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CHY-S1-ZIP			<b>§</b>					
DOCUMENT /			1	•				

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 path; 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

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER