DOCUMENT # A9600000617  1. Entity Name				
LINSA, LTD.				FILED
				02 APR 16 PM 3: 45
Principal Place of Business Mailing Address				SECOND 77 3: 45
7280 WEST PALMETTO PARK ROAD. SUITE 306-N 7280 WEST PALMETTO PA BOCA RATON FL 33433 BOCA RATON FL 33433			RK ROAD. SUITE 306-	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOVA RATO	N FL 33433	BOCA RATON FL 33433		TEATHASSEE, FLORIDA
2. Principal Place of Business 3. Mailing Address		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip Country		Zip	Country	5. Certificate of Status Desired See Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
DEALER ADODERTIES INC			Name	
BEAVER PROPERTIES, INC. 7280 W. PALMETTO PARK RD.			Street Address (P.O. Box Number is Not Acceptable)	
STE. 306N				
BOCA RATON FL 33433			City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				
9. Capital Co	9,347.00 11. MAKE CHECK PAYABLE TO 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 13.				ADDRESS CHANGES ONLY
DOCUMENT #	P96000013800		STREET ADDRESS	
NAME STREET ADDRESS	KASSIS HOLDINGS, INC.  SS 7280 WEST PALMETTO PARK ROAD, SUITE 306-N		-	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	
DOCUMENT # NAME			STREET ADDRESS	1000053120019
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	-04/22/0201016012 ****526.25 *****526.25
DOCUMENT,# NAME	the second secon	<b>→</b> •- ; •-	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	LAL
DOCUMENT /			STREET ADDRESS	And the second s
STREET ADDRESS CITY-STAZIP			CITY-ST-ZIP	·
DOCUMENT / NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	
14. Thereby 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 Phanter 620. Florida Statutes				

SIGNATURE: 🗡 😸 🐯 🐧 🐧 认

Joseph Sabya

04/02/2002

(561)392-2777

Daytima Phone #

(ZEUU3 (9/U1)