ARIMERSHIP U.REPORT 323	6600	LO TO LO Lary of State CORPORATIONS	SECRETARY OF	Wiji
ie of Umits Partnership		1a. DÖCUMENT # <b>A96000000682</b>		
OLUB FAMILY LIMITED I	PARTNERSHIP		( 184121) 1018 14:10 80(1 841)	<b>                                    </b>
Mailing Address	Principal Office Address	Principal Office Address		58 Capital Contributions as
DET TROCA WOODS LANE SOCA RATON FL 19428	10811 BOCA WOODS LANE BOCA RATON FL 33428			\$294,000.00
			10/08/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA
2. Malling Address	28. Principal Office Address	28. Principal Office Address		10 date: 387,657
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For
City & State	City & State		65-0660956  7. Certificate of Status Desired	Not Applicable
Zip Country	Zip	Country		\$8.75 Additional Fee Required of State (See reverse side for fee Informati
10611 BOCA WOODS LANE BOCA RATON FL 33428		Sulte, Apt. #, e	(P.O. Box Number Is Not Acceptable)	Zip Code
BOCA RATON FL 33428  10a. Pursuant to the provisions of sections 620 for the purpose of changing its registered agent. I am familiar with, and accept the control of the co	0.1051 and 620.192, Fiorida Statutes, the above-n I office or registered agent, or both, in the State of obligations of section 620.192, Florida Statutes.	Suite, Apt. #, e	tc. hip organized or registered under the laws of was authorized by its general partner(s). I he	the State of Florida, submits this stateme ereby accept the appointment of registers
BOCA RATON FL 33428  10a. Pursuant to the provisions of sections 620 for the purpose of changing its registered agent. I am familiar with, and accept the consideration of the control of	I olfice or registered agent, or both, in the State of obligations of section 620.192, Florida Statutes.	Suite, Apt. #, e City  amed limited partnerst Florida. Such change	nip organized or registered under the laws of was authorized by its general parlner(s). I he DAT	the State of Florida, submits this stateme ereby accept the appointment of registere
BOCA RATON FL 33428  10a. Pursuant to the provisions of sections 620 for the purpose of changing its registered agent. I am familiar with, and accept the consideration of the constant of the	d office or registered agent, or both, in the State of obligations of section 620.192, Florida Statutes.  Iment)  THAT IS A CORPORATION	Sulte, Apt. #, el City  amed limited partnerst Florida. Such change	nip organized or registered under the laws of was authorized by its general parlner(s). I he DAT	the State of Florida, submits this stateme ereby accept the appointment of registere
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FENTAMIN S. GOLVB, benefor Dayline Telephone Number 361 487-3088

Typed or Printed Name of General Partner Signing Form