## 2000 UNIFORM DUCINESS DEDORT (URD)

DOCUMENT # A96000001233  1. Early Name SCHOOL HILL TO.  Process fines of Business 30 MSTRALAM AVENUE SOUTH. (OTH FLOOR BUTTE (DD) WEST PALM BEACH FL. SNOT WEST PALM BEACH FL. SNOT WEST PALM BEACH FL. SNOT  1. Maring Address.  Suite App. 4 etc.  Covery  2. Principal Place of Business  3. Mailing Address.  Suite App. 4 etc.  Covery  3. Mailing Address.  Covery  4. PERMANDER 65-0798206  1. PERMAN	2000	, Olti	OHW DOS	INESS HER	VIII.	(ODII)				
Country 20 Country 20 Country 20 Country 3. Certificate of disorded Park Andrews 20 Australian Weble South 10th Room 30th Room								F-11		
Mailing Address 20 AUSTRALIAN ARELIES GOUTH. 10TH FLOOR SUITE 100							70			
Mailing Address 20 AUSTRALIAN ARELIES GOUTH. 10TH FLOOR SUITE 100							] 00	MAR 14 PM 1:	: 4 <b>7</b>	
Suite, Apt. # etc.  Suite, Apt. # etc.  City & State  City	250 AUSTRALIAN AVENUE SOUTH. 10TH FLOOR 250 AUSTRALIAN AVEN SUITE 1003 SUITE 1003				_		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
City & State  Country  Certificate of Status Desired  Status Desired  State State of Status Desired  State State Official  Fee Required  To Name and Address of Our rent Registered Agent  To Name and Address of New Registered Agent  To Name and Addre	2. Principal P	Place of Busin	ess	3. Mailing Address						
Zp Country Zp Country Sp Country Sp Country Sp Country Sp Sp 35 Additional Fine Required Sp Sp Sp Additional Fine Required Sp Sp Sp Additional Fine Required Agent 7. Name and Address of Country Registered Agent 7. Name and Address of New Regi	Suite, Apt.	#, etc.	<del></del> ,	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  CEEBRAID WNTER PARK CORPORATION 250 AUSTRALIAN AVENUE SOUTH, 10TH FLOOR  SUITE 1003  WEST PALM BEACH FL 33401  City FL Zp Code  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE:  SIGNATURE:  11. MAKE CHECK PAYABLE TO BEPT OF STATE agency required to every registered agent, or both, in the State of Florida.  11. MAKE CHECK PAYABLE TO BEPT OF STATE agency required to every registered agent, or both, in the State of Florida.  A GENERAL PARTINET THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THAT SO FFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  PORTIONAL PARTNERS INFORMATION  20. AUSTRALIAN AVENUE SOUTH, 10 FL. ST. 1003  OTY-ST-2P  DOWNER!  PREFERENCESS  OTY-ST-2P  DOWNER!  STREET ACRESS  OTY-ST-2P  DOWNER!  STREET ACRE	City & State			City & State		4. FEI Number	65-0796206			
Name   Street Address (PO. Box Number is Not Acceptable)	Zip	Country			Cour	ntry			Fee Required	
Street Address (P.O. Box Number is Not Acceptable)  City FL Zo Code  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, not of prized more of indicated agent and the insplictable.  POPE registered Types or greater instructions as STATE address of the state of Florida.  SIGNATURE:  SIGNATURE		6. Name	and Address of Current	Registered Agent		Nome	7. Name and	Address of New Registers	ed Agent	
STORMANDES  STORMANDES  Only  Stormander	CEERRAIT	NINTER F	PARK CORPORATION			Name				
SUITE 1003 WEST PALM BEACH FL 33401  City FL Zip Code  City FL Zip				LOOR		Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE  SIGNATURE  Signature, hybrid or prired neam of language of significance in the purpose of changing its registered office or registered agent, or both, in the State of Horida.  SIGNATURE  SIGNATURE  9. Ceptal Contributions S 21,000.00  10. Amount of Capital Contributions S STOWN on needed.  A GENERAL PARTINER 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 filled to change a general partner.  PRODUCTION OF STATE  GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  PRODUCTION OF STATE  GENERAL PARTNER INFORMATION  14. ADDRESS CHANGES ONLY  STREET ADDRESS  GENERAL PARTNER INFORMATION  15. ADDRESS CHANGES ONLY  DOCUMENT  NAME  STREET ADDRESS  GTY-ST-2P  GTY-ST-2P  GTY-ST-2P  GOODMENT  NAME  STREET ADDRESS  GTY-ST-2P  GTY-ST						<del></del>	····			
SIGNATURE  9. Capital Contributions \$21,000.00 10, Amount of Capital Contributions in FLORIDA to date in FLO	WEST PA	LM BEACH	FL 33401		City			F	Zip Code	
Segments, some or present arress the applications. (MOIT: Regulared Applications) (MOIT: Regu	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.									
Segments, some or present arress the applications. (MOIT: Regulared Applications) (MOIT: Regu										
SER 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  P96000055189  INME STREET ADRESS  CEERALD WINTER PARK CORPORATION STREET ADRESS  CETY-ST-2P  DOCUMENT / NAME STREET ADRESS  CITY-ST-2P  DOCUMENT / ST-2P  DOCUM	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / NAME  STRETADORESS  OTY-ST-2P  DOCUMENT / ST-2P  CITY-ST-2P  CITY-S	Ψ <u>ε</u> 1.υυυ.υυ									
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES CHAN	as Shown	-	SENERAL PARTNER	•		UST BE REGIS	TERED AND A			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP  DOCUMENT / ST-ZP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP  DOCUMENT / ST-ZP  DOCUMENT / ST-ZP  DOCUMENT / ST-ZP  DOCUMENT / ST-ZP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP  DOCUMENT / ST-ZP  DOCUMENT / ST-Z		NOTE	General Partners MA	Y NOT be changed on	the form	; an amendmer	nt must be filed	to change a general p	partner.	
NAME SITRET ADDRESS CITY-ST-2P DOCUMENT / STREET	P00000057400							ADDRESS CHANGES	ONLY	
STREET ADDRESS OTTY-ST-2P WEST PALM BEACH FL 33401 OTTY-ST-2P  OCCUMENT / NAME SIREET ADDRESS OTTY-ST-2P  OCCUM						EET ADDRESS				
DOCUMENT / NAME STRET ADDRESS CITY-ST-ZP CIT		ADDRESS 250 AUSTRALIAN AVENUE SOUTH, 10 FL. ST. 1003			CETY	'- ST-71P	***** 7 40/ 44 50 00			
NIME SIRET ADDRESS CITY- ST-ZP 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-ZP SIGNATURE:  SIGNATURE:  CITY- ST-ZP CIT	CITY-ST-ZIP	WEST PA	LM BEACH FL 33401							
STREET ADDRESS CITY- ST- ZP  C					STR	EET ADDRESS				
STREET ADDRESS  CITY - ST - ZP	STREET ADDRESS				ст	'-ST-ZIP	-03/24/0001122001			
STREET ADDRESS CITY-ST-ZP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  TOCUMENT # NAME STREET ADDRESS CITY-ST-ZP  TOTAL TO THE EXECUTION OF THE PROPERTY OF THE EXECUTION OF THE EXECUTI					STR	EET ADORESS	<del></del>			
STREET ADDRESS GTY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS GTY-ST-ZIP  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 recylined by Cyapter 620, Florida Statutes  SIGNATURE:  Document / NAME  STREET ADDRESS GTY-ST-ZIP  STREET ADDRESS GTY-ST-ZIP  STREET ADDRESS GTY-ST-ZIP  DOCUMENT / NAME  STREET ADDRESS GTY-ST-ZIP  DOCUMENT / NAME  STREET ADDRESS GTY-ST-ZIP  STREET ADDRESS GTY-ST-ZIP  STREET ADDRESS	*				CITY	'-ST-ZIP				
CITY-ST-ZIP  DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT #  NAME:  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT #  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 Clapter 620, Florida Statutes  SIGNATURE:  DOCUMENT #  STREET ADDRESS  CITY-ST-ZIP  15. I hereby certify that the information supplied with this filling 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 Clapter 620, Florida Statutes  SIGNATURE:  DOCUMENT #					STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME  STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME  STREET ADDRESS CITY-ST-ZIP  14. 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  SIGNATURE:  SIGNATURE:  Documents  SIGNATURE:  Documents					сл	'-ST-ZIP				
DOCUMENT / ST-ZP  DOCUMENT / STREET ADDRESS CITY-ST-ZP  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  SIGNATURE:  SIGNATURE:  Description:  Descr		<u> </u>			STR	EET ADDRESS		<u> </u>	<u> </u>	
STREET ADDRESS CITY-ST-ZIP  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  SIGNATURE:  SIGNATURE:  Description:  Descr					сп	/- ST - ZIP	<u>.</u>			
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  SIGNATURE:    Sygnature   Sygnatu	NAME '	:			STR	EET ADDRESS				
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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:    Signature   Signatu	CITY-ST-ZIP						140.05.05	Fladd Connect Mark		
Polymorphone & Double Designer of Company Control of Co	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  CELOTOR  OF CALATIED F									
	SIGNAT	URE: _	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING GEN	VERAL PARTN	י <u>י</u>	ector	Date	Daytime Phone #	