

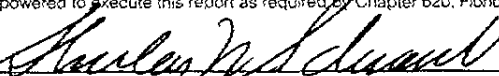


FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001706				Secretary of State	
1. Entity Name SCHRAUB FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 1490 N.E. 101ST STREET MIAMI SHORES, FL 33138		Mailing Address 1490 N.E. 101ST STREET MIAMI SHORES, FL 33138			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0700874	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHRAUB, EDGAR D 1490 N.E. 101ST STREET MIAMI SHORES, FL 33138				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$4,000,000.00		10. Amount of Capital Contributions in FLORIDA to 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 filed to change a general partner.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	SCHRAUB, SHIRLEY W 1490 N.E. 101ST STREET MIAMI SHORES, FL 33138			STREET ADDRESS	U000000146991 05/09/04-80088-005 526.25
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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: 				4/21/04 305-751-8714	