APPRUVEL

DOCUMENT # A9600001888				FILED		
				02 APR 24 AM 10: 13		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or thank introduction, close			SECRETARY OF STATE		
Principal Place of Business 2611 BAYSHORE BOULEVARD, APT. 907 TAMPA FL 33629 Mailing Address 2611 BAYSHORE BOULEVARD TAMPA FL 33629			ARD. APT. 907	TALLAHASSEE, FLORIDA	Ţ	
				1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	aucuc 1184) (B10) (914) (88) (40)	
			; :			
2. Principal Place of Business 3. Mailing Address			*	1 (94(8)) 1919 19118 91111 99117 93111 89111 98111		
Suite, Apt. #, etc. Suite, Apt. #, etc.		DUE BY MAY 1, 2002				
City & State City & State		City & State	3	4. FEI Number 59-3410349	Applied For Not Applicable	
Zip	Country	Zip	Country	- 5. Certificate of Status Desired -	\$8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	Fee Required Agent	
FRANK, MARY SUE 2611 BAYSHORE BOULEVARD, APT. 907 TAMPA FL 33629 :			Name	Name		
			Street Address (P.O. Box Number is Not Acceptable)			
			1			
			City	FL	Zip Code	
8. The above	named entity submits this statement fo	or the purpose of changing its r	egistered office or registe	ered agent, or both, in the State of Florida.		
0.0	Market Trans	₽				
SIGNATURE Signature, typed of printed name of registered agent and title if applicable.				DATE		
9. Capital Contributions as Shown on record. \$5,000,000.00 In FLORIDA to date.				11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
				STERED AND ACTIVE WITH THIS OFFIC ent must be filed to change a general pa		
12. GENERAL PARTNER INFORMATION			13.	ADDRESS CHANGES ON		
DOCUMENT # NAME	FRANK, MARY SUE		STREET ADDRESS			
STREET ADORESS CITY-ST-ZIP	2611 BAYSHORE BOULEVARD, . TAMPA FL 33629	APT. 907	CITY-ST-ZIP			
DOCUMENT#	TAMPA PL 33029			5000,05,5,89		
NAME	SCHMIDT, PATRICIA V		STREET ADDRESS	-04/30/020 ****526.25	1018011	
STREET ADDRESS	ORLANDO FL 32819	. Page	CITY-ST-ZIP			
DOCUMENT #	Frank, L. Robert Jr.		STREET ADDRESS			
STREET ADDRESS	2109 SOUTH HESPERIDES STRI	EET	CITY-ST-ZIP			
CITY-ST-ZIP	TAMPA FL 33629	,	GHT-SI-EII			
DOCUMENT # NAME	FRANK, MARY LINDA		STREET ADDRESS			
STREET ADDRESS City-St-Zip	ADDRESS 330 E. 80TH ST., #4L		CITY-ST-ZIP			
DOCUMENT #	`		STREET ADDRESS			
NAME STREET AQURESS			CITY-ST-ZIP			
CITY-ST-ZIP			5 51 EF			
NAME			STREET ADDRESS			
STREET ADDRESS	e.		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