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DOCUMENT # A9600002222 1. Entity Name								FILED	
THE PANZARELLA FAMILY LIMITED PARTNERSHIP								02 MAY -3 AM 10: 05	
Principal Place of Business Mailing Address 9050 PINES BLVD SUITE 450-F 3145 WILLOW LANE PEMBROKE PINES FL 33024 WESTON FL 33331								SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 3145 Willow LANE 3. Mailing Address									
	#. etc	uite, Apt. #, etc.				DUE BY MAY 1, 2002			
City & State City & State City & State								4. FEI Number 65-0715051 Applied For Not Applicable	
33331	Country			Zip Count		try	-	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name	and Address of Current I	Registe	red Agent		7. Name and Address of New Registered Agent			
PANZARELLA, ALBERT P.A. 3145 WILLOW LANE						Name PANZARELLA, ALBERT Street Address (P.O. Box Number is Not Acceptable)			
WESTON FL 33331						City	Zip Code		
The above named entity submits this statement for the purpose of changing its registered office or registers.									
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								DATE	
9. Capital Contributions \$10.000 000 10. Amount of Capital 0						ontributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST NOTE: General Partners MAY NOT be changed on the form; an						UST BE F	REGIST	ERED AND ACTIVE WITH THIS OFFICE.	
12. GENERAL PARTNER INFORMATION						13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME	P93000077805 PANZARELLA FAMILY INVESTMENTS, INC.				1	ET ADDRESS	3	145 WILLOW LANGE	
STREET ADDRESS CITY-ST-ZIP	9050 PINES BLVD., SUITE 450-F PEMBROKE PINES FL 33024				CITY	-ST-ZiP	W	es Ton, FCA. 3333;	
DOCUMENT # NAME						ET ADDRESS		,	
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP			
DOCUMENT # NAME					STRE	ET ADDRESS		4000056004142 -05/23/0201069002	
STREET ADDRESS (CITY	-ST-ZIP		****535.00 ****535.00	
DOCUMENT # NAME					STRE	ET ADDRESS			
- STREET ADDRESS					CITY	-ST-ZIP		·	
DOCUMENT # NAME					STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP			
DOCUMENT # NAME					STRE	ET ADDRESS			
STREET ADDRESS	,				CITY	-ST-ZIP			

PANZARLLA FAMILY
INVEST MENTS INC.

Date

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14. I hereof sertify 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

1/10/02 954-349-4735