LIMITED PARTNERSHIP

STAPLE CHECK HERE

SIGNATURE:

Robert G. Risman, President

February 28,72002 2(216) (464)5130-

To Name and Address of Current Registered Agent Name    Name	U	NIFORM BUSIN	F	ILEU					
DO NOT WRITE IN THIS SPACE  2. Principal Place of Suriness 501 116th Avenue North 2.4500 Chagrin Blvd.  Suite, Act. # acc.  \$200  City & Sales Sc. Petersburg, Florida Beachwood, Obio 59-3413992 North Applicable 2. Pinellas 4.4122 Cuvahoga 7. Name and Address of Curient Registered Agent Name 1. Name and Address of Curient Registered Agent Name 1. Name and Address of Curient Registered Agent Name 1. Name and Address of Curient Registered Agent Name 1. Name and Address of Curient Registered Agent Name 1. Nam	DOCUMENT # A96000002229  1. Entity Name				43	02 MAR -	6 PM 1:3	3	
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City & State  St. Petersburg. Florida  Beachtwood. Onto  20	Suite, Apt.	#, etc.	•	•		DUE BY MAY 1			
20	City & State	e				4. FEI Number		Applied For	
33716 Pinellas 44122 Cuyahoga 7. Name and Address of Current Registered Agent Name IN THIS SPACE    Name   William   B. Risman    -Street Address (PO-Stor Number's Not Acceptable)    -Street Address (PO-Stor Number's Number Num		- <del></del>				59-3413992			ble
DO-NOT-WRITE IN THIS SPACE  Site of Address (PC)-Box Number is Not Acceptable) Sol 116th Avenue North  City St. Petersburg FL Zip Code 33716  8. The above named entity submits this statement for the purpose of changing its registered diffue or registered agent, or both, in the State of Florida.  SIGNATURE Signature, Typestic present water of supplied agent and that apprecia ge Shown on record \$246,000.00 Islander of Capital Contributions ge Shown on record \$246,000.00 Islander of Capital Contributions in FLORIDA to date \$246,000.00 Islander in State State State Florida.  A CENERAL 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.  GENERAL PARTNER INFORMATION  A CENERAL PARTNER INFORMATION STREET ADDRESS  OUT ST. 2P  GOUMENT / NAME STREET ADDRESS  GITT-ST-2P  GOUMENT / NAME	Zip 3 <u>3</u> 716	1 1	] ·	1 '		5. Certificate of Status Desi			
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14. I hereby certify that the information supplied with this thing 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 accordate and that my signature shall have the same legal effect as if made under oath: that I am a General Partner of the limited nartnership or	STREET ADDRESS CITY-ST-ZIP			CITY-ST-	-ZIP	,			
	14. I hereby ce	ertify that the information supplied with on this report is true and according and	rthis thing does not qualify for that my signature shall have t	r the exemp	tion stated in Sec	ction 119.07(3)(i), Florida Statu	tes. I further certify	that the information	or