2000 UI	NIFORM BUSIN	NESS REPO	RT	(UBR))					:
DOCUMENT # A9600002459 1. Entity Name						FILED "				
THE MARIEL GRACE LIMITED PARTNERSHIP						FILED SECRETARY OF STATE (DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address 9119E BOCA GARDENS CIRCLE SOUTH 9119E BOCA GARDENS CIRCLE SOUTH					100 MAY -3 PM 1: 33					
C/O SANDI POLIN BOCA RATON FL 33496 C/O SANDI POLIN BOCA RATON FL 33496-3709										
2. Principal Place of Business 3. Mailing Address 9119 & Boca GA&DGUS OR 50										
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & State F/33496 City & State					4. FEI f	Vumber	65-0716622	-	Applied For Not Applicable	e
				itry	5. Cert	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	Name and Address of Current Re	gistered Agent			7. Nam	e and A	ddress of New Registered		<u></u>	
POLIN, SANDRA L				Name - ~						_
9119E BOCA GARDENS CIRCLE SOUTH BOCA RATON FL 33496				Street Add	dress (P.O. Box Number is Not Acceptable)					-
				City	<u> </u>		FL	Zip	Code	7
8. The above named	rentity submits this statement for the	e purpose of changing its r	egister	ed office or re	gistered agent,	or both,	in the State of Florida.			
SIGNATURE Signature	typed or printed name of registered agent and	title if applicable. (NOTE:	Registere	id Agent signature i	required when reinstal	<u>2 (</u>	DATE			
9. Capital Contributions as Shown on record. \$20,000.00 In FLORIDA to date.				butions			11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO	R FEE IN	T. OF STATE IFORMATION	
N	A GENERAL PARTNER THAT OTE: General Partners MAY	AT IS A BUSINESS ENT NOT be changed on the	ITY M	UST BE RE i; an amend	GISTERED A	ND AC	TIVE WITH THIS OFFICE to change a general par	 tner.		
12.	GENERAL PARTNER INFORMATION						ADDRESS CHANGES ON	ĻY		1
STREET ADDRESS 9119	n, sandra l e Boca Gardens Circle si a raton fl 33496	ОИТН		FET ADDRESS						
DOÇUMENT#			STR	EET ADORESS		-bit	-06/14/000	1003	010	- B
NAME STREET ADDRESS CITY-ST-ZIP	,		CITY	'∙ST-ZIP			****228,75	***	¥ 228 . 75 - 	
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DOCUMENT#			STR	EET ADDRESS						
STREET ADORESS CITY-SE-ZIP				'-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 gath; 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										r r
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #										