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DOCUMENT # A9700000138					98 NOV 12 PM 4: 30		
1. Name of Limited Partnership Shasam-37, Ltd.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
					DO NOT WRITE IN THIS SPACE.		
2. Mailing Address c/o 1665 Palm Beach Lakes	3. Principal Office Address				4. Date Formed or Registered To Do Business in Florida 1/16/97		
Suite and selection of the selection of	Suite, Apt. #, etc.			5. FEI Number	X Applied For		
City & State West Palm Beach, FL City & State						- Not Applicable	
Zip Country	Zip	Country		<del></del>	6. CERTIFICATE OF STATUS DESIR	S8.75 Additional Fee required for a Certificate of Status	
33401 USA			<del></del>		7. State or Country of Formation	Florida	
8a. Capital Contributions as Shown on Record \$100.00	FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,00 \$437.50, for <u>each year due</u> this office. 2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> to 3.) Penalty Fee(s): \$500 penalty fee for <u>each year returned</u> Note: If the amount entered in 8b is greater than amount entered.					-	
8b. Amount of Capital Contributions in FLORIDA to date:							
\$100.00	appropriate filing fee.			arriodik eriter	sa in da, a supprortentar dinuary. Indat of	s submitted aiding with a separate and	
9. Name and Address of Current Registered Agent			10. If changed, new registered agent/office				
Richard G. Cherry				dress (P.O. Box Number Is Not Acceptable)			
Suite 600							
West Palm Beach, FL 33401			Surle, Api. #, etc. 2000026954022				
City				*****782.51 *****782.50			
10a. Pursuant to the provisions of sections 620.1051 and 620.1057, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent 1 am familiar with, and accept the obligations of section 620.192, Florida Statutes.							
SIGNATURE (Registered Agent Accepting Appointment)							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
11. Names of General Partner(s)	Address of Each C	eneral Part	ner		City, State and Zip Code	11a. Registration Document Number	
Shasam-37, Inc.	1665 Palm Beach #690				est Palm Beach, FI	P97000004453	
						Ca Ca	
:						OK 11-18	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
12. I do hereby certily that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.							

SIGNATURE \_

Typed or Printed Name of General Partner Signing Form

\_\_ DATE \_