1. Entity Nam		4970 00 0	0 0571	إنسر،	<u> </u>		ILED			
Principal Place of Business 906 CENTERBROOK DRIVE BRANDON FL 33511		90	Mailing Address 906 CENTERBROOK DRIVE BRANDON FL 33511			JUN	22 PN 12			141 4111 1 44 0 144 14 4
2. Principal Place of Business 3.			Mailing Address			SSEE, THE REPORT OF STATE				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State		4. FEI Numbe		KU-2/1989UR		Applied For Not Applicable	
Zip Country			Zip	p Count				.75. Additional -		
6. Name and Address of Current Registered Agent					Name		7. Name and Address of New Registered Agent			
LAMBRECHT, WILLIAM G						idress (f	P.O. Box Number is Not Acceptable)			
200 SOUTH ORANGE AVENUE SARASOTA FL 34236										
						FL Zip Code				
8. The above	named entity submits th	nis statement for the p	ourpose of changing its r	egistere	ed office or	registere	ed agent, or both,	in the State of Florida		
SIGNATURE .	Signature, typed or printed name	a of registered agent and title	if applicable /MOTE-	Decistered	1 Acest signatu	re required	when reinstating)		DATE	
Capital Contributions as Shown on record. 10. Amount of Capital in FLORIDA to date.					ontributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the fo								TIVE WITH THIS (OFFICE.	
12. GENERAL PARTNER INFORMATION					, an ame	Turrer	t must be med	ADDRESS CHANG		
DOCUMENT # NAME	BELISLE, KEITH W			STREET ADDRESS						
STREET ADDRESS	906 CENTERBROOK BRANDON FL 33511		-ST-ZIP							
DOCUMENT #	5,000,000,000,000,000,000,000,000,000,0		STREE	ET ADDRESS	4000044461446 -06/26/0101051020_					
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP	_	****526.25 ****526.25			
DOCUMENT # NAME								n		
STREET ADDRESS CITY-ST-ZIP	•			CITY-	·ST-ZIP			!		
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STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP					
DOCUMENT# NAME				STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP					
DOCUMENT #					ET ADDRESS					
STREET APPRESS				CITY-	-ST-ZIP			1	•••	
14. I hereby of indicated	ertify that the information on this report is true and	n supplied with this fi d accurate and that m	ling does not qualify for t ny signature shall have th	the exer	nption state legal effec	ed in Sec t as if m	ction 119.07(3)(i), ade under oath; t	Florida Statutes. I fur hat I am a General Pa	ther certify t	hat the information limited partnership or

SIGNATURE:

4-30-01 Date

813-626-1143 Daytime Phone #