2003 LIMITED PARTNERSHIP

STAPLE CHECK HERE

STREET ADDRESS

CITY-ST-ZIP



APPROT

DOCUMENT # A970000000 1. Entity Name B.P. COMMERCIAL LIMITED PARTNERSHIP					03 JUN 25 AM 11: 2 SECRETARY OF STATE FASE AHASSES. FISOR	I IDA	
Principal Place of Business P.O. BOX 28134 PANAMA CITY FL 32411-8134 PANAMA CITY FL 32411-8134 PANAMA CITY FL 32411-8134			4.		MANGEM CONTRACT		
2. Principal Place of Business 3. Mailing Addre							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & State		City & State			4. FEI Number 59-3433434	Applied For Not Applicable	
Zip	Country Zip Co		Countr	у	5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SARAH HELENE SHARP				Name PHILLIP SROKA, CPA			
25_SE_SECOND_AVE., SUITE_1020					Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FĽ 33131			f	9TH FLOOR			
				City Mir	Ami F	L Zip Code 33/3/	
8. The above named enfity) submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and the it applicable.					DATE		
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date				utions		E TO FL. DEPT. OF STATE OR FEE INFORMATION	
A GENERAL 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 filed to change a general partner.							
12. GENERAL PARTNER INFORMATION			13.				
DOCUMENT # NAME	P97000022751 B.P. TANGO INC. 3900 MARRIOTT DRIVE, SUITE K PANAMA CITY BEACH FL 32408		STREET	T ADDRESS ,			
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP			
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CITY-ST-ZIP DOCUMENT #			_				
NAME			STREET	ADDRESS			
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DOCUMENT #			STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP			
DOCUMENT #	<u> </u>	<u> </u>					
NAME			SIRLET	ADDRESS		1	

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 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

BP COMMER SIDMENT MADE TO 100 (n.C.)

CITY-ST-ZIP

SIGNATURE: 6