2003 LIMITED PARTNERSHIP

	MENT # A97000 ANDO II, LTD.	000862	6)		Ó.	FILED 3 JUL 18 PM 1:0	7	AV
Principal Place of Business 5729 MAJOR BLVD.: STE. 601 ORLANDO FL 32819		Mailing Address 5728 MAJOR BLVD STE. 601 ORLANDO FL 32819			SECREJARY OF STALEAHASSEE, FLORIGA			
2. Principal Place of Business 3. Mailing Address		3. Mailing Address	· · · · · · · · · · · · · · · · · · ·				6131 56 101 10110 01110 1101 1201	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DUE BY MAY 1, 20	03	7
City & State		City & State		4. FEI Number	59-3440327	Applied For Not Applicable	e	
Zip	Country	Zip	Country		5. Certificate o		\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			7. Name and A	ddress of New Registered A		_
KHATIB, RASHID A				Name				ļ
- 5728 MAJOR-BLVD., STE: 601				-Street Address (P.O. Box Number is Not Acceptable)				
) FL 32819					 	<u> </u>	\dashv
			:	City		FL	Zip Code	\dashv
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or register	ed agent, or both,	in the State of Florida. I am f	amiliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable.				DATE		
9. Capital Contributions as Shown on record. \$1,400,020.00 In FLORIDA to date				butions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			7	
as onown	A GENERAL PARTNER TH	IAT IS A BUSINESS EN	ITITY M	UST BE REGIST	ERED AND AC	TIVE WITH THIS OFFICE		\dashv
	NOTE: General Partners MAY GENERAL PARTNER I			; an amendmen	t must be filed			4
12. a	P97000019898	NECHMATION	13.	t		ADDRESS CHANGES ONL		∣ଛ
NAME	MARTNI LBV, INC. 5728 MAJOR BLVD., STE. 601 ORLANDO FL 32819		STRE	ET ADDRESS .				Ď
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	900018313709 05/06/03-01128-010 **526.25			CR2E003 (10/02)
DOCUMENT # NAME	F96000004207 BROWN-ORLANDO II, INC.		STREE	T ADDRESS	- ua/ua/u	3 111/0 1111 *	*526.25	CR2
STREET ADDRESS CITY-ST-ZIP	225 EAST REDWOOD STREET BALTIMORE MD 21202		CITY-	ST-ZIP .				7
DOCUMENT # NAME			STREE	ET ADDRESS				7
STREET ADDRESS CITY-ST-ZIP	ود - شعفرود موستند موستان مستود مستو	حن تنفيد ه و دوس سماعت	CITY-	ST-ZIP			-]_
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DOCUMENT # NAME			STREE	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP				ST- 21P				
14. I hereby of indicated the receiver	certify that the information supplied with the on this report is true and accurate and the error trustee empowered to execute this	nis filing does not qualify for nat my signature shall have t report as required by Chapt	the exenthe the same	nption stated in Sel legal effect as if m lorida Statutes	ction 119.07(3)(i), ade under oath; t	Florida Statutes. I further cert nat I am a General Partner of	ify that the information he limited partnership o	or

SIGNATURE:

SIAPLE UMEUN MEME

Rashid A. Khatib SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER