	2001	1 UNIFO	RM BUSII	NESS REPO	RT	(UBR	3)		
	OCUMENT # A9700001097 HELEN ROSE TENDRICH FAMILY, LTD.								$\sim 1$
,						F	ILED		
Pri	rcipal Plac	e of Business		Mailing Address		1 MAI	R - 1 PM 12: 10	•	
	5 SW 106 STREET MI FL 33156-3567			Mailing Address  01 MAR - 1 PH 12. TU  8375 S.W. 106TH STREET MIAMI FL 33156  SECRETARY OF STATE TALLAHASSEE, FLORIDA					II (1811 88318 1814 1884 1884
2.	Principal Place of Business			3. Mailing Address			<u> </u>	Q\$    <b>\$</b>   \$ 20( 0	
	Suite, Apt. #, etc.			Suite, Apt. #, etc.		DC	DO NOT WRITE IN THIS SPACE		
<i>'</i>	City & Stat			City & State		4. FEI Number	0752606	Applied For Not Applicable	
Zip		Country		Zip	Count	ry	5. Certificate of Status		8.75 Additional ee Required
		6. Name and	Address of Current Re	gistered Agent		Name	7. Name and Addres	s of New Registered A	gent
1	TENDRICH, HOWARD 1355 SOUTH DIXIE HIGHWAY MIAMI FL 33156					Street Address (P.O. Box Number is Not Acceptable)			
								FL	Zip Code
	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  GNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Capital Contributions as Shown on record. \$3,455,000.00 10. Amount of Capital in FLORIDA to date					utions 3		MAKE CHECK PAYABLE I SEE REVERSE SIDE FOR	
		A GENE NOTE: Gen	RAL PARTNER TH. Ieral Partners MAY	AT IS A BUSINESS EN NOT be changed on th	TITY MU ne form;	JST BE R an amen	EGISTERED AND ACTIVE dment must be filed to ch	WITH THIS OFFICE. ange a general parti	ner.
12.						<del></del>	ADI	DRESS CHANGES ONLY	,
NAM	TENDRICH, HELEN ROSE TRUSTEE 8375 S.W. 106TH STREET			:		T ADDRESS			
СІТҮ	-ST-ZIP MIAMI FL 33156				CITY-ST-ZIP				
NAM	ument # E Eet address	) 			STREE	T ADDRESS			
	-ST-ZIP				CITY-	ST-ZIP			
NAM	UMENT#	_			STREE	T ADDRESS	<u> </u>	0038028 <del>03/06/0101</del>	3082
CITY	EET ADDRESS -ST-ZIP				CITY-	ST-ZIP		****526.25	****\$26.25
NAM	ument # ie :et address				STREE	T ADDRESS			
L	-ST-ZIP				CITY-	ST-ZIP			
NAM	UMENT # E ET ADDRESS				STREE	T ADDRESS		11	
CIΤΥ	-ST <sub>#</sub> ZIP				CITY-	ST-ZIP			
	E ADDRESS					T ADDRESS  ST-ZIP			

14. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

