DOCUMENT # 40700001700					]	12	.—/
DOCUMENT # A9700001720  1. Entity Name					F	ILED RY OF STATE CORPORATIONS	7/20
SIUYA LIMITED PARTNERSHIP					SECRETA	RY UF STATIONS	120
					DIAISION		
					na May -	-2 AM 11: 10	
Principal Place of Business Mailing Address  1006 TANGED WAY					"		
1386 TANGIER WAY SARASOTA FL 34239 SARASOTA FL 34239 SARASOTA FL 34239							
					1 (19919))	PIR (RIJI (REN RENK ERIK) ORIN GENU TON	EL BIEN (EBIO (SBU BOS) (EB)
2. Principal Place of Business 3. Mailing Address					1 19610151	010 13121 13011 29111 08131 08311 0811C 801	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002		
City & State City & State					4. FEI Number	65-0771632	Applied For
Zip Country Zip			Count	Постррной		Not Applicable	
Zip	2 p		COUNT	5. Certificate of Status De			e Required
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JONES, HAMILTON C				Name			
1386 TANGIER WAY				Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34239							
				City		FL	Zip Code
8. The above	named entity submits this statement for	or the nurgose of changing its re	egistere	ed office or register	ed agent, or both		ł
<b>6.</b> 1110 above	Trained entry addition and accompanie	or the purpose of orkinging here	2913131	a cinco or regional	od agom, or bom,	The State of Florida.	]
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							
9. Capital Co	ontributions \$1.650,000,00	10. Amount of Capital		outions		11. MAKE CHECK PAYABLE T	
as Shown (	orrecord.	in FLORIDA to date		HET DE DECIET	FEDER AND AC	SEE REVERSE SIDE FOR	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.							er.
12.	GENERAL PARTNE	R INFORMATION	13.	ADDRESS CHANGES ONLY			
DOCUMENT # NAME	JONES, HAMILTON C TRUSTEE 1386 TANGIER WAY SARASOTA FL 34239		STREE	ET ADDRESS			
STREET ADDRESS			0177/	CT 710			
CITY-ST-ZIP			Cally-	·ST-ZIP			
DOCUMENT # NAME	STITH, JR., ROBERT M TRUSTEE 300 SOUTH ORANGE AVENUE SARASOTA FL 34230			ET ADDRESS			Į.
STREET ADDRESS				ST-ZIP.	<del>) [</del>	<del>)0005610</del> 5	1 <del>21 9</del>
CITY-ST-ZIP				·31-2IF,	*	-05/24/0201 *****526,25	Ub5==U1=6- <del>k****528-25</del>
DOCUMENT # NAME			STREE	et address			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
STREET ADDRESS			ĊΙΤΥ	ST-ZIP			
CITY-ST-ZIP			CITT-	31-217			
DOCUMENT # NAME			STREE	ET ADDRESS			
STREET ADDRESS			CITY-	ST-ZIP			
CITY-ST-ZIP			<b>U</b> III.	VI 211			
DOCUMENT # NAME			STREE	ET ADDRESS			
STREET ADDRESS			CITY-	ST-ZIP			,
CITY-ST-ZIP			<u> </u>				
DOCUMENT # NAM§.			STREE	ET ADDRESS			
STREET ADDRESS			CITY-	ST-ZIP	1		
CITY-ST-ZIP	partify that the information conclined with	this filing does not qualify for the		/	otion 110 07/31/3	Florida Statutes   further contif	that the information
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 it 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.							

SIGNATURE: XSIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)