					7				
DOCUI	MENT # <b>A9700</b>		FILFIT		:				
G & E R	EALTY HOLDINGS, LTD.		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS						
Principal Place of Business         Mailing Address           1505 N.W. 167TH STREET         1515 NW 167 ST STE. 135           4TH FL.         MIAMI FL 33169-5132					00 APR	24 AM 3:0	5	J/	
MIAMI FL 331	69								
2. Principal Place of Business 3. Mailing Address 8151 Peters Road 8151 Peters 1				7	T A DOLLA TA LA CALLA CARTA CA				
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.			, , , ,			DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
City & State	е	City & State Plantation F			4. FEI Number	65-0777957	-	Applied For Not Applicable	
Zip ろうう	Country	Zip 33324	Countr	-	5. Certificate of	Status Desired		5 Additional equired	
	6. Name and Address of Current I				7. Name and A	ddress of New Reg	stered Agent		
COEMA	ANACEMENT INC		Name				ļ		
G & E MANAGEMENT, INC. 1505 N.W. 167TH STREET				Street Address (P.O. Box Number is Not Acceptable)  8151 Pcks Road					
MIAMI FL 33169				S-14e 3300					
,				City Plantation, Et 33324 FL Zip Code 33324					
8. The above	named entity submits this statement for	the purpose of changing its r	egistere			in the State of Florid			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	Agent signature require	d when reinstating)		DATE		
9. Capital Cor as Shown o	on record.	10. Amount of Capital in FLORIDA to da	te.			11. MAKE CHECK I SEE REVERSE	SIDE FOR FEE		
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on the	TITY ML e form;	ST BE REGIS an amendme	TERED AND AC	TIVE WITH THIS ( to change a gene	OFFICE. eral partner.		
12.	GENERAL PARTNER		13.	<u> </u>		ADDRESS CHAN			
DOCUMENT#				TADDRESS		<b>.</b>	a 2200	00000	
NAME STREET ADDRESS CITY-ST-ZIP	G & E MANAGEMENT, INC. 1505 N.W. 167TH STREET MIAMI FL 33169			اور ا	SI Deters Road Silp 3300 Instation, FL 33324				
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DOCUMENT# NAME			STREE	T ADDRESS			_		
STREET DORESS CITY+ST ZIP				ST-ZIP			- · · · · · · · · · · · · · · · · · · ·		
14. I hereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and er or trustee elapowered to exacute this	this filing does not qualify for that my signature shall have the report as required by Chapte	the exem ne same er 620, Fl	nption stated in S legal effect as if I lorida Statutes	ection 119.07(3)(i), made under oath; th	Florida Statutes. I fu nat I am a General Pi	rther certify tha artner of the lim	at the information hited partnership or	