Due By May 1, 2008

FILED Apr 18, 2008 08:00 A Secretary of State

DOCUMENT # A97000001970				, ,	·
1. Entity Nan WATERS	ne SIDE BUILDING LTD.				
Principal Plac	ce of Business Mail	ing Address			
136 DUNBA	R ROAD 13	6 DUNBAR ROAD LM BEACH, FL 33480	, .	,	
				04000000 N= 05= 10	ODOE000 (40100)
DO NOT WRITE IN THIS SPACE			CE	04022008 No Chg-LP - 4. FEt Number 65-0780350	CR2E003 (12/06) Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Current Registe	rnd Ament		3. Certificate of Status Desired	Fee Required
	b. Name and Address of Current Registe	red Agent	{		
LARCZ, INC. 136 DUNBAR ROAD				DO NOT W	RITE
PALM BEACH, FL 33480			IN THIS SPACE		
)	IN THIS SP	ACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent.					
U0000090742 SIGNATURE					
<u> </u>	Signatura, hased or printed name of registered agent and title it as FILE NOWILL FE	E 18 \$500.00			DATE
After May 1, 2008, Fee will be \$900.00 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 INFORM			, ,	· · · · · · · · · · · · · · · · · · ·
DOCUMENT #	P93000065424			•	
NAME STREET ADDRESS	LARCZ, INC. 136 DUNBAR ROAD	1			
CITY-ST-ZIP	PALM BEACH, FL 33480	i			Ì
DOCUMENT #					
NAME STREET ADDRESS		1			
CITY-ST-ZIP		1			
DOCUMENT #					ĺ
NAME CIRCET ADDRESS		i		DO NOT WE)ITC
STREET ADDRESS CITY-ST-ZIP	· ·			DO NOT WE	KI I E.
DOCUMENT #				IN THIS SPA	ACE
NAME CONTEXT LONDS OF		I			
STREET ADDRESS CITY-ST-ZIP		Į.			
DOCUMENT #				•	
NAME				: ,	
STREET ADDRESS					
DOCUMENT /	<u> </u>	•••	•	•	
NAME					
STREET ADDRESS	•		. ••		
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Elorida Statutes					
1 A/11/00 51-2110 1000					
SIGNATURE: SIGNATURE AND TYPED DIS PRINTED MANE OF SIGNATURE AND TYPED DIS PRINTED					