200	1 UNI	FOR	M BUS	INESS REPO	ORT (UBI	R)		-		
DOCUMENT # A97000002087 1. Entity Name											
MELAMITE PROPERTIES, LTD.								FIL	E.D		
Principal Place of Purincipal											
Principal Place of Business Mailing Address 2844 BANYAN CIRCLE, N.W. 2844 BANYAN CIRCLE, N.W.					I W		OI APR 27 PM 3: 53			j. 3 0	
BOCA RATON FL 33431				BOCA RATON FL 33431			SECRETAR!	Y OF S	TATE CRIDA IIII IIII IIII IIII III		
2. Principal I	Place of Busin	ess		3. Mailing Address	3. Mailing Address			4			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State				City & State				4. FEI Number 65-0788495		Applied For Not Applicable	
Zip				Zip	Country			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						Name		7. Name and Address of New R	egistered	Agent	
ROSEMURGY, DEANNA					-	Street Address (P.O. Box Number's Not Acceptable)					
2844 BANYAN CIRCLE, N.W.							`				
BOCA RATON FL 33431							00	Royal PALM V	Jay		
•						City - K	Boca	Raton	FL	Zip Code	
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 Florida.											
SIGNATURE Deanna Cosenius DEANNA Posemurgy 4/27/01 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
9. Capital Contributions as Shown on record. \$10,000.00 10. Amount of Capital in FLORIDA to date							11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A G NOTE:	General	Partners MA	ERED AND ACTIVE WITH THIS must be filed to change a ge	neral par	rtner.					
12. GENERAL PARTNER INFO				INFORMATION	ORMATION 13.			ADDRESS CHANGES ONLY			
NAME	P970000773	PROPER		STREET ADDRESS			00 Royal Pu	lm	Way		
CITY-ST-ZIP	BOCA RATON FL 33431				CITY-ST-ZIP		<u>B</u>	sca Raton,	H	33432	
DOCUMENT # NAME					STREET	ADDRESS		*			
STREET ADDRESS CITY-ST-ZIP					CITY-ST	`-ZIP			'nΰ	DE Sout	
DOCUMENT # NAME	. د				STREET	ADDRESS			<u>/</u>)D	73/10	
STREET ADDRESS CITY-ST-ZIP						-ZIP		Chi-			
DOCUMENT / NAME					STREET	ADDRESS					
STREET ADORESS CITY-ST-ZIP						-ZiP		300004193843 -05/10/0101100033		1100033	
DOCUMENT # NAME					STREET A	ADDRESS		*****15	J. /5	****158.75	
STREET ADDRESS CITY-ST-ZIP					CITY-ST	- ZIP					
DOCUMENT # NAME				` .	STREET A	DORESS					

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 if made under eath; 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:

STREET ADDRESS

CITY-ST-ZIP