DOCUI	MENT # A9700	0002194			1				•.		
1. Entity Name						err	ELE Veatae	D OF STATE			
FLORIDA COMMERCIAL COMMUNITIES, LTD.						olviši	oh of co	RPORATION	S	•	
Principal Plan	o of Rusinoss	Mailing Address				በበ ል	PR 26	AM 3: 05			
Principal Place of Business Mailing Address 1031 WEST MORSE BLVD., SUITE 250 1031 WEST MORSE BLVD.								, • • • •			
WINTER PARK	3738	8			7		<b> </b>				
2. Principal P				•			JIII EBIJI BEJI				
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE					
1031 W.	Blv	l.,Ste	160	50							
City & State Winter I	e Park, Florida	City & State Winter Park, Florida				4. FEIN	lumber 59	-3474887		Applied F Not Appl	
Zip 32789	Country USA	<sup>Zip</sup> 32789	Coun		5. Certificate		ficate of State	e of Status Desired		8.75 Additional ee Required	
	6. Name and Address of Current F					7. Nam	e and Addre	ss of New Reg	istered Ag	ent	
CUATANINI A		Name Swann & Hadley, P.A.									
SWANN, HADLEY & ALVAREZ, P.A. 1031 WEST MORSE BLVD., SUITE 270				Street Address (P.O. Box Number is Not Acceptable)							
WINTER PARK FL 32789				103	31 Wes	t Mo	rse Blv	d., Suit	e 160		25
					nter 1				FL	Zip Code	0.00
8 The above	named entity sybmits this statement for	the purpose of changing its	registere	ed office or	registere	d agent.	or both, in the	- e State of Florid		12789	
S. The above			, agiois,						25/00		
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signati	ure required w	nen reinstat	ng)	<del></del>	DATE		-
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION											
as shown t	A GENERAL PARTNER TI	HAT IS A BUSINESS EN	TITY M	UST BE	REGISTE	RED A	ND ACTIVI	WITH THIS	OFFICE.		
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.											
12.	P32206		TT ADVOCCC	/^-	1				11.5	3	
NAME	AMERICAN CAPITOL MANAGEMENT COMPANY 1031 WEST MORSE BLVD., SUITE 140			ET ADORESS	1031	W.	Morse	NICE.	312	160	
STREET ADDRESS CITY-ST-ZIP	WINTER PARK FL 32789		CITY	-ST-ZIP	Wil	iter	Park	Blud.,	da	32789	
DOCUMENT #			STR	ET ADDRESS							
NAME STREET ADDRESS			000				800	0032	642	98	7
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STREET ADDRESS			CITY	- ST - ZIP			800	0032	642	98	7
CITY-ST-ZIP DOCUMENT#			-			···-		<del>-05/23/0</del>	<del>0011</del>	<del>23001</del> ***526.25	
NAME			STRE	ET ADORESS				****526	.43 7	ಚಾಹಾಕವಿದ್ದರು. ಒ	
STREET ADORESS CITY-ST-ZIP	·			-ST-ZIP	•						
DOCUMENT#			STRE	ET ADDRESS				····			
NAME STREET ADDRESS	s					<del>.</del>					
CITY-ST-ZIP			СПУ	-ST-ZIP			·		-		
DOCUMENT# NAME	· .		STRE	ET ADDRESS							}
STREET ADDRESS,			СПУ	-ST-ZIP						_, -	
CITY-ST-ZIP	partiful that the information appoind with	this filing does not qualify to			ted in See	tion 110		da Statutae I fu	rther certific	that the informs	tion
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 oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as resulted by Chapter 620.) Torida Statutes											ship or

Divice President

4-25-00

407-643-8977

Daytime Phone #

SIGNATURE DELIBORING GENERAL PARTNER

SIGNATURE: