Zip Country Zip Country 5. Certificate of Status Desired S.8.75 A Fee Requi 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEYLA ALBA-REILLY 7270 N.W. 12TH STREET #410 MIAMI FL 33172 City FL Zip Co 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions as Shown on record. 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 INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME P97000011286 CENTURY MANAGEMENT GROUP, INC. TOTAL MAY 10TH CEDECT SUITE 410.	Applied Fo Not Applica Additional uired Code
Mailing Address 7270 NW, 12TH STREET, SUITE 410 MIAMI FL 33128 Mailing Address 1270 NW, 12TH STREET, SUITE 410 MIAMI FL 33128 3. Mailing Address Suite, Apt. #, etc. DUE BY SEPTEMBER 26, 2001 City & State Country Zip Country 5. Certificate of Status Desired For Population 6. Name and Address of Current Registered Agent Name KEYLA ALBA-REILLY 7270 N.W. 12TH STREET #410 MIAMI FL 33172 City City City City FL Zip City Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. Capital Contributions as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: Registered Agent agender man and ment must be filled to change a general partner. A DDRESS CHANGES ONLY P97000011286 CENTURY MANAGEMENT GROUP, INC. STREET ADDRESS STREET AD	Applied Fo Not Applica Additional uired
2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY SEPTEMBER 26, 2001 City & State Country Zip Country 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent Name KEYLA ALBA-REILLY 7270 N.W. 12TH STREET #410 MIAMI FL 33172 City City FL Zip Co City FL Zip Co City FL Zip Co 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. 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. P97000011286 CENTURY MANAGEMENT GROUP, INC. STRET ADDRESS STRET ADDR	Applied Fo Not Applica Additional uired
Suite, Apt. #, etc. Suite, Apt. #, etc. Due by September 26, 2001 City & State Country Lip Country Lip Country Lip Country S. Certificate of Status Desired S. R.75 A Fee Requi Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Co B. 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 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. 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 filled to change a general partner. P97000011286 CENTURY MANAGEMENT GROUP, INC. STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Applied Fo Not Applica Additional uired Code
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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 required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE

STREET ADDRESS CITY-ST-ZIP