

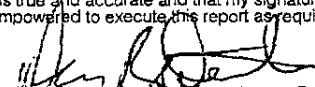


FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002208				Secretary of State	
1. Entity Name A.L.D. & ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 20290 FAIRWAY OAKS DRIVE, APT. 251 BOCA RATON, FL 33434		Mailing Address 5322 FAIRWAY COURT W. BLOOMFIELD, MI 48323			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0781614	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEUTSCH, DENNIS B 20290 FAIRWAY OAKS DRIVE, APT. 251 BOCA RATON, FL 33434			Name Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,500,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DEUTSCH, ROBERT J 27 WINDSOR ROAD ASHEVILLE, NC 28804					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DEUTSCH, DENNIS B 5322 FAIRWAY COURT WEST BLOOMFIELD, MI 48323					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DEUTSCH, MORRIS H 2728 MCKINLEY ST., N.W. WASHINGTON, DC 20015					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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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)(f), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE:  DENNIS B. DEUTSCH 2/6/04 248-318-7520					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					