DOCUMEN 1. Entity Name	⊤# A97 0	000002726					W	008570 AF
P P Z, LTD.						FILED		•
Principal Place of Busi	ness	Mailing Address			01	APR 16 AM 10: 1	7	
218 ROYAL PALM WAY PO BOX 2771 PALM BEACH FL 33480 PALM BEACH FL 33480						RETARY OF STATE		
PALM BEACH FL 3346U		FALM BEACH PE 35460			J.			
2. Principal Place of B	usiness	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN T	HIS SPACE		
-City & State	ach, FL	City & State	• • •		4. FEI Nun	65-0808539	Applied Fo	
33480	Country USA	Zip	Cour	ntry	5. Certifica	te of Status Desired	\$8.75 Additional Fee Required	
6. N		urrent Registered Agent			7. Name a	nd Address of New Registe	red Agent	
				Name Mo	urc Ha	isfield		
HAISFIELD, PANDY— 218 ROYAL PALM WAY 334 Royal Palm Way, Ste. 331				Street Addre	ss (P.O. Box Nun	her is Not Acceptable) Falm Way, S	mite 231	
PALM BEACH FL	33480 MC .			City S		Palm Beach	FL Zip-Gody 4 8	
8. The above named	entity subhits this state	ment for the purpose of changing its	s register	red office or reg	istered agent, or	both, in the State of Florida.	1 33 (0	
or mo above named	2 (1)		Ü	·				
SIGNATURE Signature	typed or printed name of register	red agent and title if applicable. (NO	TE: Register	ed Agent signature re-	quired when reinstating		DATE	-
Capital Contribution as Shown on reconstruction	ons \$2,000	40 Amount of Coo		ibutions		l l	YABLE TO DEPT. OF STATI DE FOR FEE INFORMATIO	L.
	A GENERAL PART	NER THAT IS A BUSINESS E	NTITY !	MUST BE REC	SISTERED AN	D ACTIVE WITH THIS OF	FICE.	
12.		ARTNER INFORMATION	13			ADDRESS CHANGE		
NAME SE FL	SE FLORIDA PROPERTIES, INC.			REET ADDRESS	324 Roy	al Palm War	1 Ste. 231	
	olorado avenue, RT FL 34994	SUITE 6	cn	TY-ST-ZIP	Palm	Beach, FL	33480	
DOCUMENT # NAME			ST	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			Ci	TY-ST-ZIP				
DOCUMENT # NAME			\$1	REET ADDRESS				
STREET ADDRESS CITY-ST-ZII			Ci	TY-ST-ZIP		80000410 -05/01/01	123 4 8	
DOCUMENT ** NAME			s	TREET ADDRESS		****141.	25 ****141.2	:5
STREET ADDRESS CITY-ST-ZIP			C	ity-St-ZiP				
DOCUMENT # NAME			s	TREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			С	ITY-ST-ZIP				
DOCUMENT # NAME			S	TREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP				
14. I hereby certify indicated on this the receiver or its	that the information suppose report is true and accuratee empowered to ex	plied with the filing does not qualify irate and that my signature shall ha kecute this eport as required by Ch	for the e ve the sa apter 62	exemption stated ame legal effect 0, Florida Statut	d in Section 119.0 as if made under es	7(3)(i), Florida Statutes. I fur oath; that I am a General Pa	ther certify that the inform triner of the limited partne	ation rship or
i	m	Mac H	ich	•	octor of		561-65528.	29
SIGNATUR	SIGNATURE ANI	D TYPED OR PRINTED NAME OF SIGNING GET	VERAL PAR			Date	Daytime Phone #	