EICHMENT # A97000002899  1. Entrop large  BLOCK 68 PARTNERSHIP, LTD.  02 MAY 22 AM 10: 56  SE CRETARY OF 5 TATE  TALLEHASSEE, FLORIUA  3. Making Address SS W NEW PICKARO AVE. STE. 270 P.D. DOX 30 WINTER PARK R. 2079  DUE BY MAY 1, 2002  1. Principal Pick of Clustress Sound, R. 4 and Clustress Sound, R.					<u> </u>	<b>_</b>				
BLOCK 68 PARTNERSHIP, LTD.  O2 MAY 22 AM IO: 56  SERRETARY OF STATE FALLAHASSEE, FLORIDA WINTER PARK IL 22780 WINTER PARK IL 22780 WINTER PARK IL 22780  SUM, N. 1, etc.  SUM, A. 1, etc.  SUM, A			00002899	FIL	ED					
Finding Place of Business  SS W. NEW INCLINE ALL ATTACKS TO P.O. BOX 300 WINTER PARK FL 22780  SUILE, E.F. 4 (III.  SUILE, E.F. 4 (III.										
WINTER PARK FL 22780	District Class of District									
2. Friedlight Piges of Burness  State, Pur New Fig.  State, Apt. 4, ctc.  Suite, Apt. 4, ctc.  Suite, Apt. 4, ctc.  Cov. 6 State  Suite, Apt. 4, ctc.  Suite, Apt. 4, ctc.  Cov. 6 State  Suite, Apt. 4, ctc.  Suite, Apt. 4, ctc.  Cov. 7 State  Suite, Apt. 4, ctc.  Suite, Apt. 4, ctc.  Cov. 7 State  Suite, Apt. 4, ctc.  Suite, Apt. 4, ctc.  Suite, Apt. 4, ctc.  Cov. 7 State  Suite, Apt. 4, ctc.  Suite						TALLAHASSEE. FLORIDA				
Suite, April, Porce  Suite, April, Porce  Suite, April, Porce  City 5 State  City 5 St	WINTER PARK FL 32789 WINTER PARK FL 32790-00									
Suite, April, Porce  Suite, April, Porce  Suite, April, Porce  City 5 State  City 5 St										
SUITE COVERS State    Name and Address of Current Registered Agent   Secreticate of Status Desired   Secreticate of Status Desired Desired   Secreticate of Status Desired Desired   Secreticate of Status Desired Des	533 W. NEW ENSIMM AN									
State   Park   FL   Stat	Svite C									
S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  WINTER PARK REDEVELOPMENT MANAGEMENT CORP.  SSR W. New ENGLAND AVE., STE. #210  WINTER PARK FL 32789  SIGNATURE  S. Capital Contributions  SIGNATURE  SUPPLY PART   Supply or prome tone of organize appear and the process of the prometer of the prometer of the process o						50-2494762			le	
9. Name and Address of Current Registered Agent WINTER PARK REDVELOPMENT MANAGEMENT CORP. 556 W. NEW BIGLAND AVE., STE. #210 WINTER PARK FI. 32789 8. The above names with statement to the purpose of changing its registered office or registored agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions				Country		5. Certificate of Status Desired				
WINTER PARK REDEVELOPMENT MANAGEMENT CORP.  558 W. NEW ENGLAND AVE., STE. #210  WINTER PARK FI. 32789  8. The above named many submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions  9. Capital Contributions  9. Segment in the state of Florida.  10. Amount of Capital Contributions  11. MAKE CHECK PAYABLE TO DEPT. OF STATE  SER REVERS. Side For Re INFORMATION  12.  GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled to change a general partiner.  12.  GENERAL PARTINER FORMATION  13.  ADDRESS CHANGES ONLY  PHODOLOGISTS  WINTER PARK FI. 32790  WINTER PARK FI. 32790  OCCUMENT / MAKE  STREET ADDRESS  CITY-51-2P  STREET ADDRESS  CITY-5			nt Registered Agent		Nama	7. Name and Address of Nev	<u> </u>	<u>. ' </u>	_	
WINTER PARK FL 32789  ###################################	WINTER PARK REDEVELOPMENT MANAGEMENT CORP.				DANIEL B. Bellows					
8. The above names—emby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions as Shown on record.  9. Capital Contributions as Shown on record.  9. Capital Contributions as Shown on record.  11. MAKE CHECK PAYABLE TO DEPT OF STATE SER REVERSE SIDE FOR FEE INFORMATION 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. CENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  14. DARKER ADDRESS WINTER PARK REDEVELOPMENT MANAGEMENT CORP.  15. DAY 300 WINTER PARK R. 32790  WINTER PARK R. 32790  WINTER PARK R. 32790  UTV-51-2P  DOCUMENT AND ACTIVE STATE SIRET ADDRESS CITY-51-2P  DOCUMENT AND ACTIVE STATE SIRET ADDRESS CITY-51-2P  STREET ADDRESS					533	33 W. New England Ave			4	
8. The above names emity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE:  9. Capital Contributions as Shown on record.  10. Additional partners and supplied agent exists a substantial partners as Shown on record.  11. MAKE CHECK PAYABLE TO BEPT, OF STATE SER REVERSE SIDE FOR FEE INFORMATION 12. 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.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  14. ODDRESS CHANGES ONLY  STREET ADDRESS  CITY-51-2P  WINTER PARK FL 32790  DOCUMENT /  WINTER PARK FL 32790  DOCUMENT /  WINTER PARK FL 32790  STREET ADDRESS  CITY-51-2P  DOCUMENT /  WINTER PARK FL 32790  DOCUMENT /  WINTER PARK FL 32790  DOCUMENT /  WINTER PARK FL 32790  STREET ADDRESS  CITY-51-2P  S							<b>—</b> 1 1 7	in Code	_	
SIGNATURE SIGNATURE SOUTH A SPACE OF THE SAME OF THE S	8. The above named and the submitted this statement for the purpose of chargins in a				MINTER			<u> </u>	$\dashv$	
Spallar Spallar printer arms of registered spallars in spallars.  Spallar Spallar Spallar Spallar Spallars Spal	o. The above	Tiallies et in y submitts (ills statement	ine purpose or changing its i		_	1) ,/	-iorida.			
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.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  P94000038528  WINTER PARK REDEVELOPMENT MANAGEMENT CORP.  STREET ADDRESS  OCITY-ST-2P  DOCUMENT / MANAE  STREET ADDRESS  CITY-ST-2P  TOTAL STREET ADDRESS  CITY-ST-2P  DOCUMENT / MANAE  STREET ADDRESS  CITY-ST-2P  TOTAL STREET ADDRESS  CITY-ST-2P  DOCUMENT / MANAE  STREET ADDRESS  CITY-ST-2P  TOTAL STREET ADDRESS  CITY-ST-2P  DOCUMENT / MANAE  STREET ADDRESS  CITY-ST-2P  STREET	SIGNATURE .	Signature, typed or printed name of registered ager		(Marth	il 18.15e	11000 4/C	/ d 2	***************************************		
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.  GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  P94000038528  WINTER PARK REDEVELOPMENT MANAGEMENT CORP.  P.O. BOX 350  WINTER PARK REDEVELOPMENT MANAGEMENT CORP.  P.O. BOX 350  WINTER PARK REDEVELOPMENT MANAGEMENT CORP.  STREET ADDRESS  CITY-ST-2P  COCUMENT /  MANE  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  COCUMENT /  MANE  STREET ADDRESS  CITY-ST-2P  COCUMENT /  MANE  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  COCUMENT /  MANE  STREET ADDRESS  CITY-ST-2P  COCUMENT /  MANE  STREET ADDR	107771 M N J					· · · · · · · · · · · · · · · · · · ·				
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / MANE STREET ADDRESS OTTY-ST-2P  DOCUMENT /		A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN	TITY M	UST BE REGIST	TERED AND ACTIVE WITH	HIS OFFICE.			
WINTER PARK REDEVELOPMENT MANAGEMENT CORP. P.O. BOX 350 WINTER PARK FL 32790  CITY-ST-ZIP  COCUMENT / MANAGE STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  MANAGE STREET ADDRESS CITY-ST-		COUMENT # P94000038528 WINTER PARK REDEVELOPMENT MANAGEMENT CORP. REET ADDRESS P.O. BOX 350			<u> </u>			· · · · · · · · · · · · · · · · · · ·	_ ا	
CITY-ST-ZIP  WINTER PARK FL 32790  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-S					ET ADDRESS				/9/01	
DOCUMENT / MAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT / MAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / MAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADD					-ST-ZIP		*****	2E003		
STREET ADDRESS CITY-ST-ZIP  CIT	DOCUMENT #			STRE	FT ADDRESS	0000005	<u> 591,73</u>	05	-\g	
CITY-ST-ZIP  DOCUMENT / NAME  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  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:  DANIEL B. Br   lower   1/6/22 1/07-644/-215/				منشنث أث	<u> </u>					
STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DAVID STREET ADDRESS CITY-ST-ZIP  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:  DANIE B. Be llows  J/C/02 407-C444-215/				GHT-	-51-ZIP				╣,	
CITY-ST-ZIP  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZIP  ANNE  STREET ADDRESS  CITY-ST-ZIP  C	NAME	E .		STRE	ET ADDRESS	IESS				
STREET ADDRESS CITY-ST-ZIP  DOCUMENT  NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  Thereby certify that the information supplied with this filling 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:  DANIEL B. Be lows  1/6/02 1/07-644-315/				CITY-	ST-ZIP					
CITY-ST-ZIP  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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:  DANIEL B. Bellows  1/6/02 1/07-641/-215/				STREE	ADDRESS					
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCUMENT VAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  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  DANIEL B. Bellows  1/6/02 1/07-6414-215/	STREET ADDRESS			CITY-	ST-ZIP				ᆟ.	
CITY-ST-ZIP  COCUMENT  COCUMENT  COCUMENT  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	DOCUMENT #			STREE	ET ADDRESS				+	
STREET ADDRESS CITY-ST-ZIP  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  Description 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:  SIGNA	STREET ADDRESS			- ĈĨv.	CT 7ID	ر				
STREET ADDRESS CITY-ST-ZIP  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:    STREET ADDRESS   CITY-ST-ZIP				lacksquare				<u> </u>	-	
CITY-ST-ZIP  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:  ONLY 19.07(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:  ONLY 19.07(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	7			STREE	T ADDRESS				_	
signature:  SIGNAT	CITY-ST-ZIP									
	Indicated On this report is true and accurate and that my signature shall have the same legal effect as it made under eath, that I am a Constal Partner of the limited partnership as I									
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #										