2002	2 UNIFORM BUS	INESS REP	AND AND	
DOCUMENT # A9800000246				FILED
-	IDE PARK, LTD.		·	02 JUN -3 AM 11: 39
				SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 310 WAYMONT COURT. SUITE 104 310 WAYMONT COURT. SU LAKE MARY FL 32746 LAKE MARY FL 32746				TALLAHASSEET COMBIN
2. Principal Place of Business 3. Mailing Address				T HEBUDIA SOND HONDI NOMIN BONNA BORNA DONNA DENIK BONNA DANNA BARNA MANK BARNA BANNA BANN
Suite, Apt. #, etc. Suite, Apt. #, etc.				- DUE BY MAY 1, 2002
City & State City & State				4. FEI Number 59-3496158 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	. 6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
	SOND ITE OFFICE OF OFFI	AL ELODIO	-Na Na	ACMEN GROUP INC
	ORPORATE SEBUICES OF CENTR		Street	Address (P.O. Box Number's Not Acceptable)
A, INC. 390 N. ORANGE-AVENUE, SUITE 1100 ORLANDO-FL 32801				- # los / / /
Onland	VI L 02001		-2/	794
				AKE MARY FL 32746
8. The above SIGNATURE _	named entity submits this statement for AMACLES PA	rher	its registered office	registered agent, or both, in the State of Florida.
9. Capital Co	Signature, typed or printed name of registered agent		pital Contributions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE
as Shown	on record.	in FLORIDA to	date.	SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTNER NOTE: General Partners M/	THAT IS A BUSINESS I AY NOT be changed or	ENTITY MUST BE 1 the form; an am	REGISTERED AND ACTIVE WITH THIS OFFICE. Lendment must be filed to change a general partner.
12.	GENERAL PARTNE		13.	ADDRESS CHANGES ONLY
DOCUMENT #	P98000020663 CREEKSIDE PARK, INC.		STREET ADDRESS	
NAME ; Street address	310 WAYMONT COURT, SUITE	104		900005693359 2
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP	-06/06/0201012009
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STREET ADDRESS				<u></u>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 9.07(3)(i), Florida Statutes bruther 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 concern that I am a c 410~

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNI

CITY-ST-ZIP