## 2000 HNIEDDM BIIGINEGS DEDODT /HDD)

2000	ONIFORM BUS	JINESS REPU	'NI	(ODN)			
DOCUMENT # A9800000402  1. Entity Name					FEED OF STATE		
SHERIDAN EAST PARTNERSHIP, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business  C/O MAYNARD RICH COMPANIES  7850 N.W. 146TH STREET. SUITE 308  MIAMI LAKES FL 33016  MIAMI LAKES FL 33016-151						1 - YAM OO MAY 	PH 12: 06
2. Principal Place of Business 3. Mailing Address						<u> 118 (010)</u> (1711) (1814) (1811) (18	AI 88111 88111 88111 87814 88318 1787 1887
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State	e	City & State			4. FEI Number 65- 68	APPLIED FOR	Applied For Not Applicabl
Zip	Country  6. Name and Address of Curre	Zip	Coun	try	5. Certificate of	Status Desired [	\$8.75 Additional Fee Required
DOLCHIN, STEVEN B THE OAKS, SUITE 202-B 4330 SHERIDAN STREET HOLLYWOOD FL 33021				Street Address (P.O. Box Number is Not Acceptable)  The large of City House of FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)			
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.							
9. Capital Contributions \$200,000:90  10. Amount of Capital Contributions in FLORIDA to date.						SEE REVERSE S	AYABLE TO DEPT. OF STATE IDE FOR FEE INFORMATION
्राप्त अप्त हिंद	A GENERAL PARTNER NOTE: General Partners I	R THAT IS A BUSINESS EN MAY NOT be changed on t	he form	UST BE REGIST ; an amendmen	ERED AND AC t must be filed	TIVE WITH THIS O to change a gener	FFICE. al partner.
12.	GENERAL PARTN P98000007342	IER INFORMATION	13.			ADDRESS CHANG	ES ONLY
NAME STREET ADDRESS CITY-ST-ZIP	SHERIDAN ST. INC. 7850 N.W. 146TH STREET, SUITE 308 MIAMI LAKES FL 33016			-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS	MAYNARD, CARL 7850 N.W. 146TH STREET, SUITE 308			EET ADDRESS		-06/07/00	01015-009 25 ****526.25
CITY-ST-ZIP  DOCUMENT #	MIAMI LAKES FL 33016 SCHWARTZ, RICHARD			EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	TOTAL MANY ALONE OFFICE OLDER ONE			'-ST-ZIP			
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NAME STREET ADDRESS CITY-ST-ZIP	r			'-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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED WANT OF SIGNING GENERAL PARTY.  Date Daytime Phone #							
		10,-14			· -		