

УДК 62-50

Entity Name

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

~~60~~ APR 13 AM 11:43

[Handwritten signature]

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-3492119		Applied For	
						Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
MATTICK, WILLIAM A 9335 SILVER LAKE DRIVE LEESBURG FL 34788	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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Capital Contributions as Shown on record.	\$1,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	1,500,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	MATTICK, WILLIAM A 9335 SILVER LAKE DRIVE LEESBURG FL 34788	STREET ADDRESS	300002235093 4 -05/02/00--01047--012 ***526.25 ***526.25
NAME		CITY - ST - ZIP	
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
William A. Mattick

4-12-80 352/787-3315
Date Daytime Phone #

CR2E003 (9/99)