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	LEASE READ.	ALL INSTRUCT	IONS BEFO	RE C	COMPLETING THIS FO	
LIMITED PARTNERS REINSTATEM 2000-200	HIP MENT	FLORIDA DEPAR athoris eccetur t vis orco co	TMENTFOF ST	ATE O	FIL SECRETARY OF TALLAHASSEE	
DOCUMENT 1. Name of Limited Part EURAM	ASOUUUUU				· .	. FLORIDA
	2. Principal Office Address 21.03 Coral Way 21.03 Coral Way 21.03 Coral Way			4. Date Formed or Registered To Do Business in Florida 2/20/98		
Suite, Apt. #, etc.	COLAI WAY	Suite, Apt. #, etc.	1way		5. FEI Number	Applied For
Suite	201	Suite 201			65-0840084 6 .	Not Applicable
City & State Miami	, Fl	City & State Miami, Fl			CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		7a. Capital Contributions as shown of \$11,_500.00_	on Record:
33145-2660	8. Name and Address of	33145-2660	U.S.A.		7b. Amount of Capital Contributions	in FLORIDA to date:
8. Name and Address of Current Registered Agent \$ 11, 500.00 Name						e.
Rene Dago, Jr. Street Address (P.O. Box Number is Not Acceptable) 2103 Coral Way Suite, Apt. #, Etc.			1.) Filling Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.			
City Miami	e-201	State FL			Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.						
SIGNATURE (Registered Ag					DATE	
A GENERAL					TNERSHIP OR OTHER THE THIS OFFICE.	BUSINESS ENTITY
10. Name(s) of Go	eneral Partner(s)	Address of Each (Do NOT Use Post C			City, State and Zip Code	10a. Registration Document Number
Global Rea Apm AR	lty Services,		l Way	Mia	mi, Fl 33145 1000036 -02/03/1 ****650	pi01031003
· ARLUM	177.50		REINS	TA	TEMENT 2 C	100-2001
Cus =	1,347.25		h	K	100036 -02/03/0 2/5 ****697	611811 0101031004 1.25 ****697.25
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
11. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or inside empowered to execute this report as required by chapter 620, Florida Statutes. Global Realty Services, Inc., General Partner SIGNATURE DATE JAN, 01						
Typed of White Renear Dag Goring Vorin President. Telephone Number (305) 858-6233						
Typed or Znited Name of Ge	C17	hal Realty	Services	The	reiepnone Number	