DOCUMENT# . A9800000490						141
SEIN FAMILY LIMITED PARTNERSHIP, LTD.				•	FILED	4,
Principal Place of Business Mailing Address					01 APR 27 PM 5: 00	
5042 CROSS POINTE DRIVE OLDSMAR FL 34677		P.O. BOX 270 OLDSMAR FL 34677			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailir		3. Mailing Address	Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		,	DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number Applied For Not Applied For]
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent	
				Name Marta S. Coll		
GOTTLIEB & GOTTLIEB, P.A. 2475 ENTERPRISES ROAD, SUITE 100				Street Address (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 33763				501/0	Proper Points XIC	
OLD WITH I E COTO				5042 Cross Pointe Dr.		
8. The shove named entity submits this statement for the summer for				1 0145mar FL 34677		
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 MARTA 5. COLL General Partner 3/8/01						
9. Capital Contributions as Shown on record. \$300,000.00 10. Amount of Capital Contributions in FLORIDA to date.						
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.			
DOCUMENT #			STRE	ET ADDRESS		8
STREET ADDRESS	101 GAZIMIT ON CITE: CATT I I GATOLOGO			-ST-ZIP		03 (11/00)
CITY-ST-ZIP DOCUMENT #	SAN JUAN, PLATERTO RICO 00927	Co. 11.0 11 Varent	CTRE	ET ADORESS		CR2E0
NAME STREET ADDRESS	C. LLOMPART/SEIN, NAIDA 101 JAZMIN ST, URB. SAN FRANC	awendment	CITY	-ST-ZIP	# 438.75	•
CITY-ST-ZIP DOCUMENT #	SAN JUAN, FLUERTO RICO 00927 Warfa Sein Coll					
NAME STREET ADDRESS	P.O. BOX 270			ET ADDRESS	500003907245_~4	 -
CITY-ST-ZIP DOCUMENT #	0105ma/1 F1.34	477-020		ST-ZIP	-04/27/0101016024 	
NAME STREET ADDRESS			STRE	ET ADDRESS	5000039072454	
CITY-ST-ZIP			CITY-	ST-ZIP	-03/23/0101011019 ****402.50 ****350.00	
NAME STREET ADDRESS :			STREE	ET ADORESS	,	
ČĪTY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT # NAME			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			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 MARTA 5 - Coci 3/9/01						
SIGNATURE: 3/8/01 (727) 772 - 8555 GRANTITE AND TYPES OF PRINTED MAME OF SCHINING CENTERS / WAID A C. LLOHAND Date 5 F. N. Daytime Phone 8						