2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Sipposition of Country  Country  Country  Sever, RAYMOND J  1012 NORTH RIVERHILLS DRIVE  TEMPLE TERRACE FL 33617  Temple Terrace of State of Country  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Signature, typed or printed have of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  10. Amount of Capital Countributions  Capital Capital Capital Capital Capital Countributions  Capital	DO MAY - 3 PM 1: 33  DO NOT WRITE IN THIS SPACE  FEI Number 59-3501818 Applied For Not Applicable  Certificate of Status Desired S8.75 Additional Fee Required  Name and Address of New Registered Agent  Box Number is Not Acceptable)
Principal Place of Business	DO MAY - 3 PM 1: 33  DO NOT WRITE IN THIS SPACE  FEI Number 59-3501818 Applied For Not Applicable  Certificate of Status Desired S8.75 Additional Fee Required  Name and Address of New Registered Agent  Box Number is Not Acceptable)
Principal Place of Business	DO MAY - 3 PM 1: 33  DO NOT WRITE IN THIS SPACE  FEI Number 59-3501818 Applied For Not Applicable  Certificate of Status Desired S8.75 Additional Fee Required  Name and Address of New Registered Agent  Box Number is Not Acceptable)
Principal Place of Business . Mailing Address 10/2 NORTH RIVERHILLS DRIVE TEMPLE TERRACE FL 33617  2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State  Country  Tip  Tip  Tip  Tip  Tip  Tip  Tip  Ti	DO NOT WRITE IN THIS SPACE  FEI Number 59-3501818 Applied For Not Applicable  Certificate of Status Desired S8.75 Additional Fee Required  Name and Address of New Registered Agent  Box Number is Not Acceptable)
3. Mailing Address Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Fee Required  SEVER, RAYMOND J 1012 NORTH RIVERHILLS DRIVE TEMPLE TERRACE FL 33617  Tip Code  8. The above named entity submits this statement for the purpose of changing its registered Agent in the State of Florida.  SIGNATURE Signature, typed or printed name of registered agent and site if applicable.  (NOTE: Registered Agent eignature required when reinstating)  DATE  9. Capital Contributions as Shown on record.  \$700,000.00  10. Amount of Capital Contributions as Shown on record.  \$700,000.00  11. MAKE CHECK PAYABLE TO DEPT. OF STA	FEI Number 59-3501818 Applied For Not Applicable  Certificate of Status Desired S8.75 Additional Fee Required  Name and Address of New Registered Agent  Box Number is Not Acceptable)
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  5. Certificate of Status Desired  Registered Agent  7. Name and Address of New Registered Agent  Name  SEVER, RAYMOND J  1012 NORTH RIVERHILLS DRIVE  TEMPLE TERRACE FL 33617  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its 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 \$700,000.00  10. Amount of Capital Contributions in FLORIDA to date. \$700,000.00  11. MAKE CHECK PAYABLE TO DEPT. OF STATE IN FROM THE INFORMATION OF THE INF	FEI Number 59-3501818  Applied For Not Applicable  Certificate of Status Desired S8.75 Additional Fee Required  Name and Address of New Registered Agent  Box Number is Not Acceptable)
SEVER, RAYMOND J 1012 NORTH RIVERHILLS DRIVE TEMPLE TERRACE FL 33617  Signature, typed or printed mane of registered agent and title if applicable.  SIGNATURE  9. Capital Contributions as Shown on record.  STOO,000.00  10. Amount of Capital Contributions as Shown on record.  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  Norte: Registered Agent signature required when reinstating)  DATE  11. MAKE CHECK PAYABLE TO DEPT. OF STA STAN Addition.  SIGNAMATION STAN Addition.  SIGNATURE Signature, typed or printed mane of registered agent and title if applicable.  STOO,000.00  10. Amount of Capital Contributions in FLORIDA to date. \$700,000.00  SEE REVERSE SIDE FOR FEE INFORMATION.	Sp-3501818  Not Applicable  Certificate of Status Desired   \$8.75 Additional Fee Required  Name and Address of New Registered Agent  Box Number is Not Acceptable)
6. Name and Address of Current Registered Agent  SEVER, RAYMOND J  1012 NORTH RIVERHILLS DRIVE  TEMPLE TERRACE FL 33617  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 \$700,000.00  10. Amount of Capital Contributions in FLORIDA to date. \$700,000.00  SEE REVERSE SIDE FOR FEE INFORMAT	Name and Address of New Registered Agent  Box Number is Not Acceptable)
SEVER, RAYMOND J 1012 NORTH RIVERHILLS DRIVE TEMPLE TERRACE FL 33617  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.  10. Amount of Capital Contributions in FLORIDA to date. \$700,000.00  11. MAKE CHECK PAYABLE TO DEPT. OF STATE STATE STATE STATE SIDE FOR FEE INFORMATION.	Box Number is Not Acceptable)
SEVER, RAYMOND J 1012 NORTH RIVERHILLS DRIVE TEMPLE TERRACE FL 33617  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.  10. Amount of Capital Contributions in FLORIDA to date.  \$700,000.00  SEE REVERSE SIDE FOR FEE INFORMAT	
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.  10. Amount of Capital Contributions in FLORIDA to date. \$700,000.00  SEE REVERSE SIDE FOR FEE INFORMAT	
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date. \$700,000.00  11. MAKE CHECK PAYABLE TO DEPT. OF STAR SHOWN ON FLORIDA to date. \$700,000.00	FL Zip Code
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date. \$700,000.00  11. MAKE CHECK PAYABLE TO DEPT. OF STAR SHOWN OF THE CONTRIBUTION OF TH	gent, or both, in the State of Florida.
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date. \$700,000.00 SEE REVERSE SIDE FOR FEE INFORMAT	reinstating) DATE
A CENTRAL DARRAGE THAT IS A DURINGE CATTLY AND TO SECURE OF AND ACTIVE WITH THE OCCIDE	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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.	ED AND ACTIVE WITH THIS OFFICE.
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY	
DOCUMENT # P98000011637	
NAME SEVER ENTERPRISES, INC.	5000032924354
DOCUMENT # *** *526.25	****526.25 *****526.25
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # ** STREET ADDRESS**	مناس الراسيس الرابط والمستهال المتاكم المتعور التشور
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,
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DOCUMENT # STREET ADDRESS  NAME  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 inclinated 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

(873)

CICNATURE

SIGNATURE

(873)

CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

4-27-00

RAYMOND