JUN-21-2001 13:24 5162563510 [illegible] P.03/03

2001 UNIFORM BUSINESS RE[illegible]

A98000000590

DOCUMENT #

1. Entity Name

A98000000590

South Florida Freezer Partners Ltd.

FILED
01 JUN 26 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2900 N.W. 75th Street Miami, FL 33147	231 Elm Street P.O. Box 2060 Perth Amboy, NJ 08861

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0819801 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Brecit, Richard H. 3111 Stirling Road Fort Lauderdale, FL 33312	Name: Allen M. Levine Becher & Poliakoff P.A. Street Address (P.O. Box Number is Not Acceptable): 3111 Stirling Road City: Fort Lauderdale FL Zip Code: 33312

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 _____ DATE

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.
2,000,000	2,000,000

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 # NAME STREET ADDRESS CITY-ST-ZIP Refrigerated Facility Corp. 2900 NW 75th Street Miami, FL 33147	STREET ADDRESS CITY-ST-ZIP 500004462055--2 -07/06/01--01001--004 ****501.25 ****501.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP BK	STREET ADDRESS CITY-ST-ZIP 500004462055--2 -07/06/01--01001--005 ******8.75 ******8.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 500004462055--2 -04/26/01--01063--013 *****25.00 *****25.00

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: _____ John S. Gabliner president 6/22/01

TOTAL P.03