


**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000705</b>			
1. Entity Name <b>INTERNATIONAL-REPUBLIC ASSOCIATES LIMITED</b>			
Principal Place of Business <b>5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819</b>		Mailing Address <b>5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02162005		Chg-LP CR2E003 (10/03)	
4. FEI Number <b>59-3499001</b>		Applied For Not Applicable	
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	
<b>KHATIB, RASHID A 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819</b>		Name	
		Street Address (P O Box Number is Not Acceptable)	
		City	FL
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000016432	STREET ADDRESS	
NAME	INTERNATIONAL-REPUBLIC ASSOCIATES, INC.	CITY- ST- ZIP	
STREET ADDRESS	5728 MAJOR BLVD., STE. 601		
CITY- ST- ZIP	ORLANDO, FL 32819		
DOCUMENT #		STREET ADDRESS	1000000363539
NAME		CITY- ST- ZIP	05/06/05-80003-009 526.25
STREET ADDRESS			
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NAME		CITY- ST- ZIP	
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: _____		4/27/05 (907)354-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	