(407)354-2200

DOCUMENT #  1. Entity Name	A98000000706	÷.		8
INTERNATIONAL-REPUBLIC	ASSOCIATES II LIMITED	FILED	An An	
Principal Place of Business 5401 KIRKMAN ROAD. SUTIE 725 ORLANDO FL 32819	Mailing Address 5401 KIRKMAN ROAD, S ORLANDO FL 32819		MAY - I AM II: 47 SECRETARY OF STATE ALLAHASSEE FLORIDA	
2. Principal Place of Business 5728 MAJDR Suite, Apt. #, etc.	Blvd 3. Malling Address 5728 Mg	JOR Blud	DO NOT WRITE IN THIS SPACE	<b>                                    </b>
Suite 601 City & State Orlando FL	Suite 60 City & State Orlando	PL	4. FEI Number 50-3408000 As	oplied For
Zip Country 32819		Country	5. Certificate of Status Desired S8.75 Add Fee Require  7. Name and Address of New Registered Agent	ditional id
KHATIB, RASHID A 5401 KIRKMAN ROAD, SUTIE 725 ORLANDO FL 32819		5728 M	Street Address (P.O. Box Number is Not Acceptable)  5728 MAJOR BLVD., STE. 601  CitORLANDO FL 32819 FL Zip Code	
SIGNATURE  Signature, typed or printed name  9. Capital Contributions as Shown on record.  A GENERAL		Pagistered Agent's gneture require it if Contributions on the interpretations.  Pagistered Agent's gneture require it if Contributions on the interpretation in the interpretati	11. MAKE CHECK PAYABLE TO DEPT. OF SEE REVERSE SIDE FOR FEE INFORTERED AND ACTIVE WITH THIS OFFICE.	
	Partners MAY NOT be changed on t ERAL PARTNER INFORMATION	tl e form; an amendmer	nt must be filed to change a general partner.  ADDRESS CHANGES ONLY	
DOCUMENT # P98000016429	PUBLIC ASSOCIATES II, INC. AD, SUTIE 725	STREET ADDRESS	5728 MAJOR BLVD., STE. 601 DRLANDO FL. 32819	R2E003 (11/00)
DOCUMENT #		STREET ADDRESS		SR)
NAME Street Address City-St-Zip		CITY-ST-ZIP	100004272311 -85/21/0101013- *****528.25 *****	3
OCCUMENT # NAME STREET ADDRESS		STREET ADDRESS	*****526.25 *****	-uur 526.25
CITY-ST-ZIP DOCUMENT #		CITY-ST-ZIP  STREET ADDRESS	<u>.</u>	
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT # NAME STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP DOCUMENT # 4		CITY-ST-ZIP		
NAME Street Address- City-St-Zip		STREET ADDRESS  CITY-ST-ZIP		
indicated on this report is true and	on supplied with this filing does not qualify for daccurate and that my signature shall have	erne same legal effect as if n	ection 119.07(3)(i), Florida Statutes. I further certify that the in nade under oath; that I am a General Partner of the limited pa	formation artnership or

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERA PARTNER ASSOC