ZUUZ UNIFURM BUSHNESS KEPUKI (UBK)										
DOCUMENT # A9800000852 1. Entity Name OLIOPPINO BLAZA AT MILTON MANOPOLITO							FILED			
SHOPPING PLAZA AT WILTON MANORS, LTD.							02 APR	30 PM 4:	ZZ	
Principal Plac 1717 N. BAYS MIAMI FL 331	SHORE DRIVE		Mailing Address 1717 N. BAYSHORE DRIVE MIAMI FL 33132	1717 N. BAYSHORE DRIVE. SUITE 208			SECRE TALLA	TARY OF ST HASSEE FLO	RIDA	MJK
Principal Place of Business 3. Mailing Address										
150 Alhambra Circle 150 Alhambra					Circle					
Suite	800	Suite, Apt. #, etc. Suite 800				DUE BY MAY 1, 2002				
City & Stat	_e Gable	s. FL	City & State Coral Gables, FL			4. FEI Number	65-0843593		Applied For Not Applicable	
Zip 33134		Country TIS A	Zip 33134	Country			5. Certificate o	of Status Desired		8.75 Additional ee Required
33134	6. Name	and Address of Current F	Registered Agent	US	**		7. Name and A	Address of New Re	egistered A	gent
S&K PROPERTY MANAGEMENT, INC. 1717 N. BAYSHORE DRIVE, SUITE 208										
							P.O. Box Number is Not Acceptable) ambra_Circle			
MIAMI FL 33132					Suit	te 800				
Coral								in the State of Flor	FL	33134
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 Vice President 04/29/02 Signature, typed or printed name of registered agent and the if applicable. Lidia Cartaya, Vice President DATE DATE										
9. Capital Cor as Shown of	Contrib te.		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.										
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES ONLY				Y
DOCUMENT # NAME		STMENTS-MIAMI, CORP		STRE	ET ADDRESS	150	150 Alhambra Circle, Suite		ite 800	
STREET ADDRESS CITY-ST-ZIP	2300 CORAL WAY, SUITE 111 MIAMI FL 33145			CITY		Coral Gables, Florida 33134			3134	
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DOCUMENT # NAME				STRE	et 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING GENERAL PART

CHOURENICE President

04/29/02 (305) 476-0955

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