DOCUMENT # A9800000854 1. Entity Name 45TH OFFICE PARTNERS, LTD.					ين ا	¥1 +=	
					SECRETARY OF STATE OF CORPORATIONS		
Principal Place of Business 2442 METROCENTRE BLVD. WEST PALM BEACH FL 33407 Mailing Address 2442 METROCENTRE BLVD. WEST PALM BEACH FL 33407-31				5	-PU APR 13	PM 3: 00	
2. Principal Place of (Business	3. Mailing Address			1818 (818) 1811) 8811) 88111 88111 88111	88)))	
Suite, Apt. #, etc.	,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
City & State		City & State		4. FEI Number	65-0824565	Applied For Not Applicable	
Zip	Country	Zip	Zip Country		5. Certificate o	f Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name	1 	**	<u>-</u> .
N.E.Q., INC.				Street Address (P.O. Box Number is Not Acceptable)			
2442 METROCEI				<u> </u>			
WEST PALM BE	IUM FL 3340/						
			İ	City		FL	Zip Code
8. The above named	entity submits this statement f	or the purpose of changing	its registere	ed office or regi	stered agent, or both	, in the State of Florida.	
SIGNATURE			OT 6		uired when reinstating)	DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 9. Capital Contributions \$1,500,000.00 In FLORIDA to date in FLORIDA to date			pital Contrib				
	A GENERAL PARTNER	THAT IS A BUSINESS E	NTITY M	UST BE REC	ISTERED AND AC	CTIVE WITH THIS OFFICE	
	TE: General Partners M		the form	; an amendn	nent must be filed		
DOCUMENT P9800	GENERAL PARTNE 10029078	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ON	<u> </u>
			_	et adoress			

12. 000 STR CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP DOCUMENT# -04/28/00--01114--009 ++++528.25 ++++526. STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CTY-ST-ZP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADORESS 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 NAME OF SIGNING GENERAL PARTNER

3/7/00