2003 LIMITED PARTNERSHIP

4000										
DOCUMENT # A9800000855 1. Entity Name MIRAGE ON THE GULF, LTD.					FILED 03 MAR 18 PM 12: 00					
212 S. BRIDGE STREET P.O. BOX 339			X 339			SECRETAR	ΣΥ ΛΕ ςτ	ATE	•	
2. Principal Place of Business 3. Mailing Address					!!!! !	ALA YAYAR JANU AGUU BI	iiii se iii ve ii i		i IBIDI BIIGI I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003					
City & State		City & State			4. FEI Number	59-3513827		F		
Country	Zip	Cour	ntry	5. Certificate		f Status Desired	ΧХ		Addition	
ame and Address of Curre	ent Registered Agent	<u> </u>	-		7. Name and A	ddress of New I	Registered /			
CORPORATION SERVICE COMPANY			Name							
1201 HAYS STREET			Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE FL 32301-2525					800014313548					
				City U3/18/U3						
	t for the purpose of changir	ng its register	red office or re	egistere	ed agent, or both,	in the State of Flo	orida. I am f	amiliar	with, and a	accept
typed or printed name of registered ag	ent and title if applicable.						DATE			_
				000.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
A GENERAL PARTNE TE: General Partners	R THAT IS A BUSINESS MAY NOT be changed of	S ENTITY N	NUST BE RI	EGIST dment	ERED AND AC	TIVE WITH TH to change a g	IS OFFICE eneral par	tner.		
	NER INFORMATION	13.				ADDRESS CH	IANGES ON	LY		
DOCUMENT / P98000030989 LEVI-NIELSEN MIRAGE, INC. STREET ADDRESS CITY-ST-ZIP P98000030989 LEVI-NIELSEN MIRAGE, INC. 212 S. BRIDGE STREET, P.O. BOX 339 YORKVILLE IL 60560-2015			EET ADDRESS	P.O. Box 339						
			Yorkville, IL 60560							
		STR	EET ADDRESS		-					
		CITY	Y-ST-ZIP							
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	<u> </u>	STR	EET ADDRESS					•		
		CITY	r-ST-ZIP							
		STR	EET ADDRESS							
		CITY	r-ST-ZIP					•		
	Country COU	Mailing Address P.O. BOX 339 YORKVILLE IL 60560 Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip ame and Address of Current Registered Agent SERVICE COMPANY SET L 32301-2525 entity submits this statement for the purpose of changing agent and title if applicable. In \$ 100,000.00 A GENERAL PARTNER THAT IS A BUSINESS OTE: General Partners MAY NOT be changed GENERAL PARTNER INFORMATION 0030989 IELSEN MIRAGE, INC. BRIDGE STREET, P.O. BOX 339	Mailing Address P.O. BOX 339 YORKVILLE IL 60560 Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip L 32301-2525 Entity submits this statement for the purpose of changing its registered agent. SERVICE COMPANY ET L 32301-2525 Entity submits this statement for the purpose of changing its registered agent. SERVICE COMPANY ET L 32301-2525 Entity submits this statement for the purpose of changing its registered agent. SERVICE COMPANY ET L 32301-2525 Entity submits this statement for the purpose of changing its register agent agent and title if applicable. In Service Company In Service	Mailing Address P.O. BOX 339 YORKVILLE IL 60560 Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Ame and Address of Current Registered Agent Street Ad Street Ad Street Ad City Stre	Mailing Address P.O. BOX 339 YORKVILLE IL 60560 Susiness 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Arme Address of Current Registered Agent Street Address (F L 32301-2525 City Street Address (F L 32301-2525 City City Street Address (F L 32301-2525 City City A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST TITE: General Partners MAY NOT be changed on the form; an amendment GENERAL PARTNER INFORMATION J. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Mailing Address P.O. 80X 339 YORKVILLE IL 60560 Susiness 3. Mailing Address Sulte, Apt. #, etc. City & State Country Zip Country 5. Certificate o ame and Address of Current Registered Agent T.* Name and A SERVICE COMPANY ET L 32301-2525 Site Address (P.O. Box Number City Submits this statement for the purpose of changing its registered office or registered agent, or both, gistered agent. Significant of private agent and life if applicable. Significant agent agent and life if applicable. Significant agent agent and life if applicable. Significant agent agent agent and life if applicable. Significant agent agent agent agent and life if applicable. Significant agent agent agent agent and life if applicable. Significant agent agent agent agent and life if applicable. Significant agent	Maling Address P.O. BOX 339 YORKVILLE IL 60560 Sulfa, Apr. #, etc. City & State Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable City Street Address (P.O. 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Box Number is Not Acceptable City Street Address (P.O. Box Number is Not Acceptable City Street Address (P.O. Box 339) Yorkville, II, 6056 STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P	FILED 03 MAR 18 PH SECRETARY OF ST TALLAHASSE, FLG Walkings 13. Mailing Address P.O. 80X 339 YORKVILLE IL 80590 SURE, Apt. #, etc. DUE BY MAY 1, 20 Crity & State Crity & State 14. FEI Number 59-3513827 Country SERVICE COMPANY STREET ADDRESS 13. Mailing Address Sure, Apt. #, etc. DUE BY MAY 1, 20 Country 5. Certificate of Status Desired XX Name Street Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box 339 ADDRESS CHANGES ON OR STREET, P.O. BOX 339 TILE IL 60560-2015 STREET ADDRESS CITY ST-2P STREET ADDRESS CITY ST-2P	E GUILF, LTD. Mailing Address P.O. BOX 339 SECRE I ARY OF STATE TALLAHASSEE, FLORIDA SECRE I ARY OF STATE TALLAHASSEE, FLORIDA SECRE I ARY OF STATE TALLAHASSEE, FLORIDA SUbstances Subst	FILED 03 MAR 18 PM 12: 00 SECRETARY OF STATE IALLAHIASSEE, FLORIDA SUSTRESS 3. Mailing Address Suite, Apt. #, etc. DUE BY MAY 1, 2003 Country Zip Country S. Certificate of Status Desired XX \$8.75 Address Suite, Apt. #, etc. DUE BY MAY 1, 2003 Country Zip Country S. Certificate of Status Desired XX \$8.75 Address Suite, Apt. #, etc. Purpose of Country S. Certificate of Status Desired XX \$8.75 Address Suite, Apt. #, etc. Purpose of Country S. Certificate of Status Desired XX \$8.75 Address Suite, Apt. #, etc. Purpose of Country Sied Address (P.O. Box Number is Not Acceptable)

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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: 2

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

3-10-03 (630)553-3022