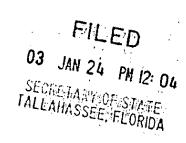
A98000000976 **DOCUMENT #**

1. Entity Name SAMENETT CAPITAL LTD.



Principal Place of Business 4900 VAN BUREN STREET HOLLYWOOD FL 33021

Mailing Address 4900 VAN BUREN STREET HOLLYWOOD FL 33021





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2. Principal Place of Business				Mailing Address) (
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & State				City & State			4. FEt Number 65-0841978 Applied For Not Applicable		
Zip		Country Zip			Coun	itry	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent		
AICTTIAIA DITA AA						Name			
NETTINA, RITA M						Street Address (P.O. Box Number is Not Acceptable)			
4900 VAN BUREN STREET									
HOLLYWOOD FL 33021									
						. City FL Zip Code			
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 Signature, typed or printed name of registered agent and title if applicable.									
 Capital Contributions \$2.500.000.00 Amount of 				10. Amount of Capita in FLORIDA to da		butions	11. MAKE CHECK PAYABLE TO FL. 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					13.		ADDRESS CHANGES ONLY		
DOCUMENT #		P98000003814 SAMENETT CORP.				EET ADDRESS	3		
STREET ADDRESS CITY-ST-ZIP	4900 VAN BUREN ST HOLLYWOOD FL 33021				CITY-ST-ZIP		400010690754		
DOCUMENT #					STRI	EET ADDRESS	400010690754 01/24/0301025015 **\$26.25		
STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP			
DOCUMENT #		-		-	STRI	EET ADDRESS -	·		
STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP			
DOCUMENT / NAME					STRI	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP	nv:		
DOCUMENT # NAME					STRI	EET ADDRESS	1191		
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP	1 1 1		
DOCUMENT # NAME					. STRI	EET 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

SAMENETT CORP.

2nd MARKREQUIRED SIGNATURE: .

(305) 989-9966

CR2E003 (10/02)