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DOCUMENT # A9800001801									ال يحافظ	٠.						
CASTLE TWO, LTD.									F	ILE	ED .		1	A) "	
Principal Place of Business Mailing Address 12550 BISCAYNE BLVD SUITE 215 NORTH MIAMI FL 33181 Mailing Address 12550 BISCAYNE BLVD. NORTH MIAMI FL 33181						SUITE 215					AN 8: FSTAT					1 . (18) (18)
2. Principal Place of Business 3. Mailing Address							-		li				(1861 66 1	E (1 5 / 1 56)
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE								
City & State				City & State				4. FEI N	umber	65-08579	9 5 9		-	_	lied For Applicable	
Zip Country			itry	Zip	Zip Count				5. Certif	icate of	Status Desi	red			Addit equired	
	6. Name	and Ac	dress of Current Re	egistered Agent]			7. Name	and Ad	ldress of N	ew Regis	tered Ag	ent		* - 3
GREEN, PATRICIA K 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130							Street A	ddress (F	P.O. Box N	umber is	Not Accep	table)		T Ziv	Code	
		y submit	s this statement for t	he purpose of changi	ing its reg			registere	ed agent, o	or both, i	n the State	of Florida	FL	<u> </u>		
SIGNATURE .	Signature, typed	l or printed (name of registered agent and	d title if applicable.	(NOTE: Re	gistered Ag	ent signati	re required	when reinstatin	g)			DATE			
· WINICOL					nt of Capital Contributions 91			9 190	9		11. MAKE SEE RI	CHECK P.				1
				AT IS A BUSINES NOT be changed										er.		•
12. GENERAL PARTNER INFORMATION											ADDRESS	CHANG	ES ONLY			
OCUMENT / P98000046470 AME CASTLE TWO CORP.						STREET A	ODRESS									
STREET ADDRESS CITY-ST-ZIP	12550 BISCAYNE BLVD., SUITE 215 NORTH MIAMI FL 33181						ZIP		•=	510C	1003 -01/2	<u>57</u>	<u>52:</u>	3:	 	-9
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STREET ADDRESS CITY-ST-ZIP	12550 BISCAYNE BLVD., SUITE 215 NORTH MIAMI FL 33181						-ZIP	\								
DOCUMENT# NAME	AMBLING MANGONIA, LLC SEET ADDRESS 348-B ENTERPRISE DRIVE						DDRESS									!
STREET ADDRESS CITY-ST-ZIP							ZIP									
DOCUMENT # NAME		. —		. —	,	STREET A	DDRESS									
STREET ADDRESS CITY-ST-ZIP					<u>, </u>	CITY-ST-	ZIP									
DOCUMENT #						street a	DDRESS									

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-\$T-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

City-St-Zip

NAME' STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIES

1/1/01

305 891-333/