STAPLE CHECK HERE

| DOCU   | MENT                                 | # A9800   | 0001968   | تشخيد ۱   | الله الله   | <u> </u>   | FI   | LED  | 0819           |
|--|--------------------------------------|---|---|-----------|---|--|--|--|----------------|
| 1. Entity Name  GUN CLUB SHOPS, LTD.   |                                      |   |   |           |   | 02 MAR 20 AM 9: 14   |  | AT   |                |
| Principal Place of Business Mailing Address  1800 NE 114TH ST #804 1800 NE 114TH ST #80  MIAMI FL 33181 MIAMI FL 33181 |                                      |   |   |           |   | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |  |  |                |
| Principal Place of Business     3. Mailing Address   |                                      |   |   |           |   |  |  |  |                |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  |                                      |   |   |           |   |  |  | 1  |                |
|  |                                      |   |   |           |   | DUE BY MAY 1, 2002  4. FEI Number Applied For  |  |  |                |
| City & State   |                                      |   | City & State  |           |   | 4. FEI Number  | 65-0862659   | Not Applicable                                       | ,              |
| Zip  |                                      | Country   | Zip   | Cour      | ntry_   | <u> </u>   | Otatus Desired   | \$8.75 Additional Fee Required                       |                |
| Name and Address of Current Registered Agent   |                                      |   |   |           | Name  | 7. Name and Address of New Registered Agent  |  |  |                |
| WEIDENFELD, HARVEY   |                                      |   |   |           | Street Address (P.OBox Number is Not Acceptable)                                  |  |  |  |                |
| 1800 NE 114TH STREET, #804   |                                      |   |   |           |   |  |  |  |                |
| MIAMI FL   | . 33181                              |   |   |           | City  |  |  | Zip Code   | -              |
|  |                                      |   |   |           | <u> </u>  |  | FL   | -   215 0000   | 4              |
| 8. The above   | named entity                         | submits this statement for                          | the purpose of changing its                                     | register  | ed office or register   | ed agent, or both,   | in the State of Florida.   |  |                |
| SIGNATURE.   | Signature, typed o                   | or printed name of registered agent a               | nd title if applicable.   |           |   |  | DATE   |  |                |
| 9. Capital Contributions as Shown on record. \$344,100.00 10. Amount of Capital in FLORIDA to date                     |                                      |   |   |           | ntributions 11. MAKE CHECK PAYABLE TO DEPT. OF<br>SEE REVERSE SIDE FOR FEE INFORM |  |  |  |                |
| as onowin  | A G                                  |   | HAT IS A BUSINESS EN  | ITITY N   |   |  | TIVE WITH THIS OFFIC   | E.   |                |
| 12.  | NOTE:                                | GENERAL PARTNER                                     |   |           | ent must be filed to change a general partner.  ADDRESS CHANGES ONLY              |  |  |  |                |
| DOCUMENT #   | P9800004                             |   | STR   |           | EET ADORESS   | · · · · · · · · · · · · · · · · · · ·  |  |  | (F)            |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                                      | B SHOPS, INC.<br>114TH ST., #804<br>33181           |   |           | r-ST-ZIP  |  | <del>-</del>   |  | CR2E003 (9/01) |
| DOCUMENT #   |                                      |   | •                         | STR       | EET ADDRESS   |  |  |  | 8              |
| NAME<br>STREET ADDRESS   |                                      |   |   |           | ηξ.<br>Y-ST-ZIP   | 31   |  | 17.53 nin 5  | 1              |
| CITY:-ST-ZIP   |                                      | <del> </del>  |   |           | ماداده والمناورة  | and the second of the second o | ****437,50   | ****437.50   | . 4            |
| DOCUMENT #<br>NAME   |                                      |   |   | STR       | EET ADDRESS   |  |  |  |                |
| STREET ADDRESS   |                                      |   |   | CITY      | (-ST-ZIP  | _ ~~~~   |  |  | -              |
| DOCUMENT #   |                                      |   |   | STR       | EET ADDRESS   | 3  | 00005159   | 3773775  | 1              |
| NAME<br>STREET ADDRESS   |                                      |   |   |           |   |  | -U3/26/UZ<br>****88.75   |  | 1              |
| CITY-ST-ZIP  |                                      |   |   | City      | (-ST-ZIP  |  |  |  |                |
| DOCUMENT #   | 1                                    |   |   | STR       | EET ADDRESS   |  |  |  |                |
| STREET ADDPLAS<br>CITY-ST-ZIP  |                                      |   |   | CITY      | r-ST-ZIP  |  |  |  |                |
| DOCUMENT #   |                                      |   |   | STR       | EET ADDRESS   |  |  |  |                |
| STREET ADDRESS<br>CITY-ST-ZIP  |                                      |   |   |           | r-ST-ZIP  |  |  |  |                |
| 14. I hereby of indicated  | certify that the<br>l on this report | information supplied with tis true and accurate and | this filing does not qualify fo<br>that my signature shall have | r the exe | emption stated in Se<br>le legal effect as if n                                   | ection 119.07(3)(i),<br>nade under oath; t   | Florida Statutes. I further cer<br>hat I am a General Partner of | tify that the information the limited partnership or |                |