PEAL PARTNERS, LTD.

Principal Place of Business

5240 NORTH BAY ROAD MIAMI BEACH EL 33140

Mailing Address

5240 NORTH BAY ROAD

FILED

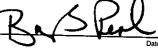
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MIAMI DENOTI PL 33140			MIAMI BEACH FL 33140				,	-, r LUr	NUA	
						,			 11/14 11/14 11 /16 12/1 14/1 16/1	
2. Principal Place of Business			3. Mailing Address LEVI, CAHILIN CHA 20590 W. DIXE Huy			۱ ۲				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		/) 	DUE BY CED			
City & State			City & State N. M. Am. Brack R.		_	DUE BY SEPTEMBER 25, 2002 4. FEI Number 65-0869349 Applied For				
Zip		Country	Zip	Country			icate of Status Desired		Not Applicat	
	6. Name	and Address of Current	Registered Agent			Fee Required				
140000			- Agont	7. Name and Address of New Registered Agent Name						
	WITZ, MELVI	HI/EN CEUT CPA								
MIAMI FL	SCAYNE BO 33181	Street Address (P.O. Box Number is Not Acceptable)								
				O'a.	<u>.</u>					
8. The above	a named entity	/ Submits this statement for	46	City	- 1411	911	Beach	F	Zip Code	
the obliga	tions of regist	ered agent.	the purpose of changing its	registered office or	registered a	agent, o	r both, in the State of Fic	rida. I am	familiar with, and accep	
SIGNATURE	Signature	Men De	<u>n'</u>					11	2/29/ox	
9. Capital Co	ontributions	or printed name of registered agent a						DATE		
as Shown	on record.	\$6,800,000.00	in FLORIDA to d	10. Amount of Capital Contributions in FLORIDA to date. 4,5,9,820					E TO DEPT. OF STATE OR FEE INFORMATION	
	A G NOTE:	ENERAL PARTNER TO General Partners MA	HAT IS A BUSINESS EN	TITY MUST BE R	EGISTER	ED AN				
12.		GENERAL PARTNER		13.	nament m	ust be	filed to change a ge	neral pa	rtner.	
DOCUMENT #							ADDRESS CHA	NGES ON	LY	
NAME STREET ADDRESS	PEAL, BAR	RY		STREET ADDRESS						
CITY-ST-ZIP	SPOTSYLV/	ENA TERRACE ANIA VA 22553		City-ST-ZIP	-					
DOCUMENT # NAME				STREET ADDRESS	<u>.</u>	117			90	
STREET ADDRESS				OTHECT ADDRESS		11703-1027-01033 1026 **1026 . 25				
C/TY-ST-ZIP				CITY-ST-ZIP		117	05/0201039	-027	**1026.25	
DGCUMENT # NAME				STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	-	**	manana ya manana	CITY-ST-ZIP						
DOCUMENT #				CHT-SI-ZIP	·			-		
NAME STREET ADDRESS	ಕ್ರಮ		ENT O	STREET ADDRESS						
TY-ST-ZIP	المسال ا	John En		CITY-ST-ZIP				 -		
OCUMENT / IAME	-	1 1		STREET ADDRESS				··· <u>-</u> -		
TREET ADDRESS			4)	STALET ADDRESS						
ITY-ST~ZIP				CITY-ST-ZIP						
OCUMENT# AME				STREET ADDRESS	<u> </u>					
TREET ADDRESS TY-ST-ZIP				CITY-ST-ZIP						
4. Litereby ce	rtify that the in	formation supplied with thi	s filing does not qualify for the t my signature shall have the		in Section 1	119 07/2	Vi) Florida Statutan 16			
the receiver	r or trustee em	powered to execute this re	s tiling does not qualify for that the my signature shalf have the sport as required by Chapter	e same legal effect a 620, Florida Statute	s if made u	nder oat	h; that I am a General P	uner certif artner of th	y that the information ne limited partnership or	

SIGNATURE:

SIGNEATOWREE



305-865-0404