SIGNATURE:

DOCUMENT # A98000002338										146
1. Entity Name LTK INVESTORS, LTD.						PT 11	c n			₽
LIVINAC	SIONS, LID.					1	_ED			
Principal Place of Business Mailing Address						J =	2 PN 12: 15	~	1/	
			80 FRUITVILLE ROAD. SUITE 102 ARASOTA FL 34236			SECRETAI	RY OF STATE SEE, FLORIDA	, ,	X	
		-				TALLAHAS	201	Iži bo rii bolib <mark>a</mark> i	Hara iniaa kurak irii kaa	1
2. Principal Place of Business			3. Mailing Address			<u>-</u> 			(1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number Applied For				\neg
Zip Country			Zip Country			ļ	65-0868307		Not Applica .75 Additional	
		ess of Current Regis			··· y	<u> </u>		- Fee	Required	_
,		ess of Current Regis	tered Agent		Name Min	de	Pauker-	stered Agei		
LEVIN, JEROME S 1290 N. PALM AVENUE					Street Address	(P.O. Box Number	is Not Acceptable)			
SARASOTA FL 34236						,				
				_	City Sar	asota		FL	Zin Code 34236	
8. The above	named entity submits t	. ^ `	urpose of changing its	registere	d office or registe	ered agent, or both	, in the State of Florida	a .		
SIGNATURE	Signatule, typed of printed name	of registered agent and title i	f applicable. (NOTE	: Registered	Agent signature require	ed when reinstating)		DATE O	4	
9. Capital Contributions as Shown on record. \$150,000.00 in FLORIDA to date					outions		11. MAKE CHECK I		DEPT. OF STATE EE INFORMATION	
			IS A BUSINESS ENT T be changed on th				CTIVE WITH THIS (OFFICE.		
12.	GEN	ERAL PARTNER INFO		13.			ADDRESS CHANG			\exists_{ϵ}
DOCUMENT # NAME	L98000002201 LTKM, LLC		, STI		ET ADDRESS	_ 60	<u> </u>	764	160	
STREET ADDRESS CITY-ST-ZIP	1680 FRUITVILLE RO SARASOTA FL 3423			CITY	ST-ZIP		-01/26/0 ****526	11010)48011 ***526.25	12E003 (11/00)
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CITY-ST-ZIP DOCUMENT #				-		<u> </u>				-
NAME STREET ADDRESS		•		STRE	ET ADDRESS	***				_
CITY-ST-ZIP	•			CITY	ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
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STREET ADDRESS				CITY-	ST-ZIP					
14. I hereby o	pertify that the information on this report is true and	n supplied with this fil	ing does not qualify for			ection 119.07(3)(i)	, Florida Statutes. I fur	ther certify t	hat the information	<u></u>
indicated the receiv	on this report is true and er or trustee empowered	d accurate and that m	y signature shall have the	ne same er 620. F	legal effect as if a	made under oath;	that I am a General Pa	rtner of the	limited partnership	or