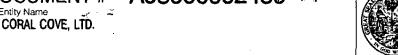
**2003 LIMITED PARTNERSHIP** 

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DOCUMENT #	<b>49800000</b>	2450	

1. Entity Name



SECRETARY OF STATE DIVISION OF CORPORATIONS

03 MAY 12 PM 4: 11

Principal Place of Business 3645 BONITA BEACH ROAD. SUITE 3 BONITA SPRINGS FL 34134  BONITA SPRINGS FL 34134  Mailing Address P.O. BOX 369 BONITA SPRINGS FL 34133-0369			33-0369	·					1111 1111 111 111 111 111 111 111 111			
2. Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc. Suite			uite, Apt. #, etc.	ite, Apt. #, etc.			DUE BY MAY 1, 2003					
City & State			C	City & State			4. FEI Number	4. FEI Number 59-3537985 Applied For Not Applicable				
Zip		Country	Z	ïp .	Coun	try	5. Certificate of	Status Desired	<b>X</b> 1	\$8.75 Fee Re	Additional quired	
	6. Name	and Address of Current	Regist	ered Agent		A)	7. Name and A	ddress of New R	egistered	Agent		
TUYLS, JO	SHUA J					Name						
•		ROAD, SUITE 3				Street Address (P.O. Box Number is Not Acceptable)						
	PRINGS FL	•									<del></del>	
						City			FL	<b>-</b>   ∠ip	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		or printed name of registered agent	and title if						DATE			
9. Capital Contributions as Shown on record. \$2,500,000.00 in FLORIDA to date			date. 🔟	5,286	<i>3</i> 79. <i>0</i> 0	L	E SIDE FO	R FEE IN	DEPT. OF STATE IFORMATION			
		GENERAL PARTNER 1 General Partners M/										
12. GENERAL PARTNER INFORMATION				13.	<u>-                                     </u>		ADDRESS CHANGES ONLY					
DOCUMENT #	P9800009				STRE	ET ADDRESS					{	
NAME STREET ADDRESS	CORAL COVE, INC. 3 3645 BONITA BEACH RD. #3				-	<del></del>						
CITY-ST-ZIP		PRINGS FL 34134			CITY	Y-ST-ZIP						
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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-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E003 (10/02)