DOCUMENT # A9800002731				FILED		
I. Entity Name  HALLMARK SOUTH, LTD.				02 APR -9 AM 10: 47		
			,	SECRETARY OF	STATE	
Principal Place of Business	Mailing Address	. ,		SECRETARY OF FALLAHASSEE, F	FLORIDA	
433 PLAZA REAL. SUITE 275 BOCA RATON FL 33432	5					
BUCK HATON FE 33432	BOCA RATON FL 33432		1 10071011 5010	ERIOL POETS ORIGINARIA ORIGINARIA	1 (18(1 (1300) (1)(5) 1(3) (8)	
	3. Mailing Address					
2. Principal Place of Business 1700 S. DIXIE HWY	IE HWY	,				
Suite, Apt. #, etc. 5t 400	Suite, Apt. #, etc.		The state of the say	DUE BY MAY 1, 2002		
City & State	. =1	4. FEI Number	65-0905295	Applied For Not Applicable		
BOCA RATON FL BOCA RATON  Zip Country Zip		Country 2LSA	5. Certificate of Status Desired S8.75 Additional			
33432 USA				7. Name and Address of New Registered Agent		
o. Name and Address of Corrent nogratered Agent			Name BOGER EVANS HALL			
HALL, ROGER EVANS	Street Address (P.O. Box Number is Not Acceptable) 1700 5. DIXIE HWY					
433 PLAZA REAL, SUITE 275 BOCA RATON FL 33432						
553.11.10.11.2.35.152	Ch Zin Code					
8. The above named entity submits this statement f	for the purpose of changing its re				38452	
. The above framed entity subjects this statement			ogistered agent, et eeur, iii	(/2/2:		
SIGNATURE Signature of part or profiled name of registered agent and title if applicable.			A-81	DATE		
9. Capital Contributions as Shown on record.  \$7,500.00  10. Amount of Capital Contributions in FLORIDA to date.				11. MAKE CHECK PAYABLE TO SEE REVERSE SIDE FOR F	O DEPT. OF STATE	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.						
12. GENERAL PARTNE	13.					
P98000028372  NAME HALLMARK SOUTH, INC.	•	STREET ADDRESS	1700 S.	DIXIE HWY	5±400	
STREET ADDRESS 433 PLAZA REAL, SUITE 275		CITY-ST-ZIP		W, FL 3343	1	
DOCUMENT # BOCA RATON FL 33432			DOCH KHIL	W, 12 3343	, 2	
NAME		STREET ADDRESS				
STREET ADDRESS City-St-Zip		CITY-ST-ZIP	200	00052563 -04/12/02010	523 117010	
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NAME		STREET ADDRESS			,	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP				
DOCUMENT <b>#</b> NAME		STREET ADDRESS			(	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP				
DOCUMENT #		STREET ADDRESS				

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:

STREET ADDRESS

CITY-ST-ZIP

4/2/02 561-362-5234