SIGNATURE: SIGNA

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DOCUMENT # A9800002787  1. Entity Name 28 PARTNERS, LTD.							FILED 02 FEB -6 AM 8: 03				<u> </u>
				J Address LINCOLN ROAD. #800 I BEACH FL 33139			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business			3. Mailing Address					1610 IEIQI 1811 3011 3611	<b>es</b> ini <b>es</b> in <b>es</b> ik	F 11814 1861   1811   1881	i <b>fi</b> l
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002					
City & State			City & State				4. FEI Number	65-0882775		Applied Fo	
Zip Country			Zip	,	Cour	ntry	5. Certificate of Status Desired \$8.75 Addition Fee Required				
•	6. Name and	Address of Current F	Register	red Agent			7. Name and A	Address of New Re	gistered Age	ent	
						Name					
HOWARD, EUGENE J 1111 LINCOLN ROAD, #800						Street Address	(P.O. Box Number is Not Acceptable)				
	ACH FL 33139										
1710 4111 00						City		·	FL	Zip Code	
8. The above	named entity sub	mits this statement for	the pur	pose of changing its	register	ed office or registe	ered agent, or both	, in the State of Flori	da.		
SIGNATURE.	Signature typed or print	and some of registered points	ad title if on	anlia abla	<u></u>			•	DATE		
Signature, typed or printed name of registered agent and title if applicable.						butions		11. MAKE CHECK		N NEPT OF STATE	
9. Capital Contributions as Shown on record.  \$9,900.00  10. Amount of Capital Contributions in FLORIDA to date						outions				EE INFORMATION	
	A GENE	RAL PARTNER TI	HAT IS	A BUSINESS EN	TITY M	IUST BE REGIS	STERED AND A	CTIVE WITH THIS	OFFICE.	~=	
12.	NOTE: Ge	neral Partners MA'			13.	i; an amenome	ent must be illec	ADDRESS CHAN		<del></del>	
DOCUMENT #	P9800007373		IIVI OI II	VIATION .		1		ADDITION OF THE	IGEO CITET		£
NAME	FLAGLER 28, INC. 1111 LINCOLN ROAD, #800 MIAMI BEACH FL 33139				STRE	EET ADDRESS					6)
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STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP					
14. Thereby o	certify that the info	rmation supplied with	this filing	g does not qualify for	the exe	mption stated in S	section 119.07(3)(i)	, Florida Statutes. I f	urther certify	that the information	n
indicated the receiv	on this report is tr	ue and accurate and to wered to execute this	hat my	signature shall have t as required by Cliabt	he same er 6 <b>3</b> 0,	e legal effect as if Florida Statutes	made under oath;	that I am a General	Partner of the	imited partnersh	ip or

2/4/00

Daytime Phone #