DOCUMENT # A9800002877 1. Entity Name					FILED	4857 AF
FUN WITH TRADES LIMITED PARTNERSHIP			-	. 1		TI
					01 MAY 17 PM 3: 26	
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
•		822 SUPERIOR STREET FORT MYERS FL 33916			TALLAHASSEE, FLORIDA	
					E 1881811 3818 38281 18111 88311 88311 88311 88311 88111 88111 88111 88111 18111 18111 18111 1811 1812 1882	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired	1
	6. Name and Address of Current R	legistered Agent			7. Name and Address of New Registered Agent	
-				Name		
PALM TREE INVESTMENTS OF SOUTHWEST FLORIDA 822 SUPERIOR STREET				Street Address (P.O. Box Number is Not Acceptable)		
FORT MYERS FL 33916						
			City	FL Zip Code		
SIGNATURE	named entity submits this statement for	, ,	egister	ed office or registe	red agent, or both, in the State of Florida.	
9. Capital Co	Signature, typed or printed name of registered agent and	d title if applicable. (NOT:		d Agent signature require	ALL SALVE OUTDY DEVENIE TO DEST OF STATE !	
as Shown	on record.	in FLORIDA to di	te.	ΙΧ.λί	SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER TH NOTE: General Partners MAY	IAT IS A BUSINESS EN I ' NOT be changed on the	ITY M e form	IUST BE REGIS i; an amendmer	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12.	GENERAL PARTNER I		13.		ADDRESS CHANGES ONLY	6
DOCUMENT / NAME	PALM TREE INVESTMENTS OF SOUTHWEST FLORIDA FADDRESS 822 SUPERIOR STREET		STRE	EET ADORESS		(H)
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		(11/00)
DOCUMENT # NAME			STRE	EET ADDRESS		ا ق
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZiP		í
DOCUMENT #			STRE	EET ADDRESS	F 4314.715	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT # NAME		•	STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	1000039634919	
DOCUMENT # NAME			STRE	EET ADDRESS	100039634913 -05/17/0101007029 *****73.50 ******73.50	
STREET ADDRESS CITY-ST-Z!P	**		CITY	-ST-ZIP		
DOCUMENT #			STRE	EET ADDRESS		
STREST ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	1	
14. I hereby of indicated the receive	certify that the information supplied with the on this report is true and accurate and the or or truster empowered to execute this	report as required by Chap e	r 620. F	mption stated in Se e legal effect as if r Florida Statutes	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or	

6 St Storida Fre 3/07/01 941:332.8744