
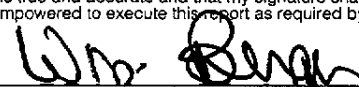


**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000307</b>					
1. Entity Name <b>GOULD FAMILY RESERVE, LTD.</b>					
Principal Place of Business <b>100 WEST CYPRESS CREEK ROAD, SUITE 700 FT LAUDERDALE, FL 33309</b>		Mailing Address <b>100 WEST CYPRESS CREEK ROAD, SUITE 700 FT LAUDERDALE, FL 33309</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent <b>BLODIG, GREGORY J ESQ 100 WEST CYPRESS CREEK ROAD, SUITE 700 FT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE _____					
9. Capital Contributions as Shown on record. <b>\$5,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	BERGER, WILLIAM 100 WEST CYPRESS CREEK ROAD, SUITE 700 FT LAUDERDALE, FL 33309		STREET ADDRESS CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	URBACH, MICHAEL 25 ROCKLEDGE AVE., APT. 301W WHITE PLAINS, NY 10601		STREET ADDRESS CITY- 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)(f), 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					
SIGNATURE: 			1/15/04 954-243-6945		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		