CR2E003 (11/00)

DOCUMENT # A9900000427  1. Entity Name  EDA FAMILY LIMITED PARTNERSHIP			FILED					
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				_SECRET/	LAY DE STATE C	)1 MAY - 1 5		
Principal Pla	ace of Business		Mailing Address ,	TALLAHA!	SSEE, FLORIDA C	)1 MAY - I PI	4 5: 58	
	CYPRESS CREEK ROA ERDALE FL 33309	ID. SUITE 204	1475 WEST CYPRESS CR: FORT LAUDERDALE FL 30	EEK ROAD. SUITE 20 309	ARY OF STATE SSEE, FLORIDA S A	LLAHASSEE, FL	STATE ORIDA Harii ahii ahii ahii aha ikki ikki ikki ikk	
2. Principal I	Place opaismeett W. ARKMERT	O & PARK ROAD	3. Mailing Address	<del>- · · · · · · · · · · · · · · · · · · ·</del>		<b>1818   19</b> 17   1911   <b>181</b> 1   <b>18</b> 11   <b>18</b> 11		
Suite, Apt. #, etc. SUITE 265						DO NOT WRITE IN THIS SPACE		
City & Sta BOCA	ate _RATON, FL.	33486_	City & State		4. FEI Number	65-0876173	Applied For Not Applicab	
Zip		untry	Zip	Country	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and A	ddress of Current F	Registered Agent	Namè	7. Name and	Address of New Regis		
ARIOLI, EDWARD D 1475 WEST CYPRESS CREEK ROAD, SUITE 204 FORT LAUDERDALE FL 33309				Street Ad	dress (P.O. Box Number 5 W. PALMETTO	is Not Acceptable) PARK ROAD	SUITE 265	
				<del></del>			T	
		its this statement for	the purpose of changing its of the purpose o	registered office or r	A RATON registered agent, or both	4.	FL Zip Code 33486	
SIGNATURE  9. Capital Co	Signature, typed or printed ontributions on record.	2,000,000.00  RAL PARTNER TH	10. Amount of Capit a in FLORIDA to distance the HAT IS A BUSINESS EN I	Registered Office or representations and Contributions tee.	registered agent, or both e required when reinstating)  EGISTERED AND AC	11. MAKE CHECK PA SEE REVERSE SI CTIVE WITH THIS OI	OATE  YABLE TO DEPT. OF STATE   DE FOR FEE INFORMATION   FFICE.	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENER IL PARTNER

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