200	A'-ABNII	FORM BUS	INESS REPO	RT (IJR	R)	
DOCUMENT # A9900000470						The state of the s
EDH RIDGE CHILDREN, LTD.				y .		FILED
Principal Place of Business			Mailing Address		01	APR 30' AM II: 28
3400 N.E. 34TH STREET. SUITE 101 FT. LAUDERDALE FL 33308			3400 N.E. 34TH STREET, 13 FT. LAUDERDALE FL 3330		SEC ȚALL	RÉTARY OF STATE AHASSEE, FLORIDA LINGUILING MINISTRA IN THUR THE
2. Principal Place of Business			3. Mailing Address			F 1001001 1816 1816 1811 1811 1811 1811 1
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
	6 Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Street A 3.4 City Ft	Address (FOR NOTE	Wolofsky P.O. Box Number is Not Acceptable) E 34th Street #101 uderdale FL Zip Code 33308
8. The above named entity submits this statement of the purpose of changing it: register SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT :: Register					riegisteri	ed agent, or both, in the state of Frontia.
9. Capital Contributions as Shown on record. \$6,000.00			10. Amount of Capi at in FLORIDA to ca			11. MAKE CHECK PAYABLE TO DEPT. OF STATE ! SEE REVERSE SIDE FOR FEE INFORMATION!
A GENERAL PARTNER THAT IS A BUSINESS ET TITY 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 PARTNER		13,		ADDRESS CHANGES ONLY
DCCUMENT # P98000107328 NAME EDH RIDGE CORP. STREET ADDRESS 3400 N.E.: 34TH STREET, SUITE 101			101	STREET ADDRESS		
CITY-ST-ZIP DOCUMENT #		RDALE FL 33308				9
NAME STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP		<u>6000042156869</u>
DOCUMENT #					<u> </u>	*****150.00 *****150.00
NAME STREET ADDRESS				STREET ADORESS		
CITY-ST-ZIP DOCUMENT #				CITY-ST-ZIP		
NAME STREET ADDRESS				STREET ADDRESS	<u> </u>	
CITY-ST-ZIP				CITY-ST-ZIP		
NAME				STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP		
DOCUMENT #	1			I		,

14. I hereby certify that the information supplied with this filing does not qualify 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

STREET ADDRESS

SIGNATURE: BY SIGNA

NAME ADDRESS

CiTY-₹T-ZIP