CR2E003 (11/00)

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STEEL COMMERCIAL LTD.				FİLED						,	
					AM 9: 12	-	ر	N			
CORAL GABLE	S FL 33134		CORAL GABLES SESSISTARY OF STATE TALLAHASSEE, FLORIDA								
2. Principal P	lace of Business		3. Mailing Address			- - - - - - - - - - - - - - - - - - -	tell tello ielk fekk offik	Ellik ediki od		ILIL <b>CE</b> IBI (BEL 1881	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Numbe NOT AI	PPLICABLE_			Applied For Not Applicable	
Zip	Co	untry	Zip	Coun	itry	5. Certificate	of Status Desired		8.75 ee Rec	Additional uired	
	6. Name and	Address of Current I	Registered Agent			7. Name and	Address of New Re	gistered A	gent		
FREEMAN, MICHAEL J M.J.F. REGISTERED AGENT CORP.					Name Street Address (	Name Street Address (P.O. Box Number is Not Acceptable)					
153 SEVILLA AVENUE											
CORAL GABLES FL 33134					City			FL	Zip	Code	
-	named entity subr	nits this statement for	the purpose of changing its	s registere	ed office or register	red agent, or bot	h, in the State of Flori	da.	•		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					d Agent signature required	when reinstating)	-	DATE			
9. Capital Contributions as Shown on record.  A GENERAL PARTNER THAT IS A BUSINESS ENTI							11. MAKE CHECK SEE REVERSI	SIDE FOR	FEE IN		
	A GENE NOTE: Ger	RAL PARTNER TI Ierai Partners MA	HAT IS A BUSINESS EN Y NOT be changed on t	he form	; an amendmen	TERED AND A it must be file	d to change a gen	eral part	ner.		
12.		GENERAL PARTNER	INFORMATION	13.			ADDRESS CHAP	NGES ONL	Y	· · · ·	
OCUMENT # NAME	P99000033069 STEEL COMMERCIAL, INC.				ET ADDRESS						
STREET ADDRESS	153 SEVILLA AV		CITY-S						·		
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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)(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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305-442-1567

Daytime Phone #