200	Z UNI	runiai basi	ME33 NEI	PUN I	(UDN)	, , , , , , , , , , , , , , , , , , , ,
DOCUMENT # A9900000711 1. Entity Name						FILED
THE WHITESANDS ENTERPRISES, LIMITED PARTNERSHIP						02 MAY - 3 PM 1: 18
Principal Place of Business C/O MR. RAYNO C. CARETTI, JR. 3521 RIVERLAND ROAD FORT LAUDERDALE FL 33312			Mailing Address C/O MR. RAYNO C. CARETTI. JR. 3521 RIVERLAND ROAD FORT LAUDERDALE FL 33312		l.	SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal Place of Business 3			3. Mailing Address	3. Mailing Address		1906 1217 1914 1914 1914 1921 1921 1921 1931 1931 1932 1931 1932 1931 1932 194
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002
City & State			City & State		జశేశ శమ	4: FEI-Number 65-0913773 Applied For Not Applicable
Zip	Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				<u> </u>	Name	7. Name and Address of New Registered Agent
WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316					Street Address (P.O. Box Number is Not Acceptable)	
					City	FL 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.						
SIGNATURE	Signature, typed o	or printed name of registered agent an	nd title if applicable.		· · ·	DATE
9. Capital Contributions as Shown on record. \$5,000.00 In FLORIDA to de						
	A G NOTE:	ENERAL PARTNER THE General Partners MA	HAT IS A BUSINESS NOT be changed of	ENTITY Mon the form	IUST BE REGIS n; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	CARETTI, RAYNO C JR.			STRE	EET ADDRESS	E003 (9/01)
CITY-ST-ZIP FORT LAUDERDALE FL 33312			 	CITY	-ST-ZIP	3000055771734
NAME				STRE	ET ADDRESS	3000055771734 -05/21/0201056010
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	
DOCUMENT# NAME				STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	
DOCUMENT # NAME				STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP	
DOCUMENT # NAME				STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP	, D4
DOCUMENT #				STREE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP	
indicated	on this report	information supplied with the istrue and accurate and the supplied with the information and the supplied with the suppli	iat my signature shall ha	y for the exer ave the same	mption stated in S e legal effect as if	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or

SIGNATURE: _/

4/26/02 954-581-5225

Date Daytime Phone #