DOCU	MENT #		0000757	٠,	,		•	
1. Entity Nam		, ,,,,,,,,	0000.07				FILE) E STATE
DC 65 REALTY, LTD.				'ك	ુ ં દ		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business 65 NE 4TH AVENUE DELRAY BEACH FL 33483 Mailing Address 65 NE 4TH AVENUE DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-4				33-4528		11111	00 JUN 21 PM 1: 29	
2. Principal Place of Business 3. Mailing Address					(\ \ \ \ \ \ \ \ \ \ \ \ \		<u> </u>	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	e		City & State			4. FEI Numb	0917367	Applied For Not Applicable
Zip	Country		Zip	Country			of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			d Agent
010001					Name			
CARBONE, LOUIS J 65 NE 4TH AVENUE					Street Address (P.O. Box Number is Not Acceptable)			
		1483	1	-		 ,		
DELRAY BEACH FL 33483					City Zip Code		Zip Code	
								L
8. The above	marmed entity	submits this statement for	the purpose of changing its	s <u>registere</u>	d office or re	gistered agent, or bo	th, in the State of Florida.	-1.
SIGNATURE .							7 (-	5/00
		printed name of registered agent a				required when reinstating)	11. MAKE CHECK PAYAI	
9. Capital Contributions as Shown on record. \$10,000.00 10. Amount of Capital Contributions in FLORIDA to date							SEE REVERSE SIDE	FOR FEE INFORMATION
	A GI	NERAL PARTNER T	HAT IS A BUSINESS EN	TTTY Mit	JST BE RE	GISTERED AND A	ACTIVE WITH THIS OFFI ed to change a general p	CE:
12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY			
DOCUMENT#	P99000038889 DC 65 REALTY, INC.			STREE	ET ADÓRESS			
NAME STREET ADDRESS	65 NE 4TH AVENUE							
CITY-ST-ZIP	DELRAY BEACH FL 33483		, J.CITY-	ST-ZIP (、+	-•	
DOCUMENT# NAME					ET ADDRESS	51	5000033137857 -07/05/0001104013	
STREET ADORESS CITY-ST-ZIP	i				ST-ZIP		****158.75	****158.75
DOCUMENT#		ا ميد ي شعر بينت اس	e de la company de la	# STREE	ET ADORESS	د - ۱ - ۱ - ۱ - ۱ - ۱ - ۱ - ۱ - ۱ - ۱ - 	,	a company the second
NAME	1							

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does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or is required by Chapter 620, Florida Statutes 14. I hereby certify that the information supplied with the indicated on this report is true and accurate and the receiver or trustee empowered to evaluate the control of the control

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER