			_		
DOCUMENT # A9900000895 1. Entity Name			FILED SECRETARY OF STATE		
MOSES WHITE LIMITED PARTNERSHIP			SECRETARY OF STATE DIVISION OF CORPORATIONS		
CIMITED MEINERSHIP			00 SEP 18 AM 10: 02	2	
Principal Place of Business Mailing Address					
			,		
Principal Place of Business A Mailing Address			-		
2628 5 th AVE NOE Suite, Apt. #, etc.	WORTH 2628 5th AVEL Suite, Apt. #, etc.	WE NORTH			
Suite, Apt. #, etc.			DO NOT WHITE IN THIS S	PACE	
City & State	City & State		4. FEI Number	Applied For	
ST. PETERSBURG Country	ST. PETERSBURG	Country	59-3666580	Not Applicable \$8.75 Additional	
33713	_33713		5. Certificate of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
		Name Rus	SELL A. SIBLEY JR.		
			Street Address (P.O. Box Number is Not Acceptable) 26 28 5 4 AVENUE NOCTH		
			110000		
		City -	, EI	Zip Code	
			ETERSBURG FL	33713	
8. The above named antity submits this	statement for the purpose of changing its re	gisterea office or registe	ered agent, or both, in the State of Florida.	,	
SIGNATURE /	DRES OF AGEN PA	RIVER	9/15	5/00	
Signature, typed or effinted name of		Registered Agent signature require			
9. Capital Contributions as Shown on record.	10. Amount of Capital in FLORIDA to date		.00 11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOI		
			TERED AND ACTIVE WITH THIS OFFICE		
	AL PARTNER INFORMATION	torm; an amenume ■ 13.	nt must be filed to change a general part ADDRESS CHANGES ONL		
DOCUMENT! P98000046		STREET ADDRESS			
NAME GMNE LAK	GMNE LAKE WALES, INC.				
	CITY OF THE PROPERTY OF THE CITY OF THE CI				
JI PETERS	ST. PETERSBURG FL 33713 N48959		500003415U354 -10/05/0001071012		
NAME CORPORATION TO	CORPORATION TO DEVELOP COMMUNITIES OF		****150.00 ****150.00		
CITY-ST-7IP 1930 E. HILLS	1920 E. HILLSBOROUGH AVENUE				
DOCUMENT! (FORMED UNDER					
NAME THE HOUSING AUTHORITY OF THE CITY		STREET ADDRESS			
	ON STREET	CITY-ST-ZIP		{	
DOCUMENT /	FL 33607				
NAME ±		STREET ADDRESS			
STREET AODRESS CITY-ST-ZIP		CITY-ST-ZIP		}	
DOCUMENT #					
NAME		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		ľ	
DOCUMENT # . 4			-		
NAME		STREET ADDRESS	775 704 704		
STREET ADDRESS GITY-ST-ZIP		CITY-ST-ZIP		1	
14. I hereby cartify that the information s	supplied with this filing does not qualify for th	ne exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further cert	ify that the information	
indicated on this report is true and a the receiver or trustee en powered to	courate and that my signature shall have the person of the courage	e same legal effect as if 620. Florida Statutes	made under oath; that I am a General Partner of	the limited partnership or	
	RUSSELLA				
SIGNATURE:	YEES OF	A GENER	AL PARTHEGTIS/00 727	7-322-2550	
	AND TYPES OR PRINTED NAME OF SIGNING GENERAL I	PARTNER	Date Da	ytime Phone #	