LIMITED PARTNERSHIP (UBR)

SIGNATURE:

U	NIFORM BUSINE	:55 REPORT	(UI	BK)	_			
DOCUMENT # 499 0000 1009					FILED			
DO NOT WRITE IN THIS SPACE					O2 APR 30 PM 1: 08 SECRETARY OF STATE TALLAHASSEE FLORIDA			
					2. Principal Place of Business 76 00 N. Lyon 5 Rd Sare			
Suite, Apt. #, etc.					DUE BY MAY 1			
City & State COCONT Creek FL					4. FEI Number 65 σ ε 2) 7 / 4 7	Applied For Not Applicable	
3 30°	Country	Zip	Coun	try	5. Certificate of S		\$8.75 Additional Fee Required	
	· • • • • • • • • • • • • • • • • • • •		· · ·		7. Name and Addr	ess of Current Registere	d Agent	
					U. Mam Solve			
					(P.O. Box Number is Not Acceptable)			
IN THIS SPACE				7600	NLYONI.	Rd		
				City Coco t (1884 FL Zip Code 3				
8. The above	named entity submits this statement in	r the purpose of changing its re	egistere	ed office or regist	ered agent, or both, in	the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent	Lu, // arri	Spi	(VCL		1/3/02 DATE		
9. Capital Co		10. Amount of Capital in FLORIDA to dat	Contrib	outions 7 100.0		11. MAKE CHECK PAYABL SEE REVERSE SIDE F	E TO DEPT. OF STATE OR FEE INFORMATION	
	A GENERAL PARTNER T	HAT IS A BUSINESS ENT	ITY M	UST BE REGIS	STERED AND ACT	IVE WITH THIS OFFIC	E	
12.	NOTE: General Partners MA GENERAL PARTNER	RINFORMATION	Torin	, an amendine	ent must be med to	Change a general pa	i ther.	
DOCUMENT # NAME	1600 W. Commerci	a schools of	STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	Ft. Landedde, Fx	131-d	CITY	-ST-ZIP				
DOCUMENT # NAME	,		STRE	EET ADDRESS	40	00005509 05/13/02(56341	
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DOCUMENT #			STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
14. I hereby of indicated the received	I certify that the information supplied with I on this report is true and accurate and ver or trustee empowered to execute thi	this filing does not qualify for the that not signature shall have the seport as required by Chapte	the exe le same r 620, l	mption stated in S legal effect as if Florida Statutes	Section 119.07(3)(i), F made under oath; the	orida Statutes. I further ce it I am a General Partner c	ertify that the information of the limited partnership or	

Culliam a Spiva 4/3/02

954 493 6565