Daytime Phone #

DOCU	JMENT	# A9900	00001202		A'ND FILED
HERALI	d Plaza, lt	D.			OI MAY -1 PH 6: 52
Principal Pla	ace of Busines	es s	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
	/PORT CENTER BEACH FL 3344	i drive. Ste. 100 42	1096 E. NEWPORT CENT DEERFIELD BEACH FL 33		TALEAHASSEE, PEURIDA
2. Principal	Place of Busin		3. Mailing Address		
2000 Suite, Ap	ν.ω. t. #, etc.	150th AUE	791 HARKE Suite, Apt. #, etc.	f Commerce Di	DO NOT WRITE IN THIS SPACE
Peml	oroke	Pines	City & State Boca Rate	<u> </u>	4. FEI Number 65-0957752 Applied For Not Applied For
Zip 33	6 Name	Broward and Address of Current	33487	Falm Beach	5. Certificate of Status Desired \$8.75 Additional Fee Required
		- Content	riegistered Agent	Name C	7. Name and Address of New Registered Agent
BUTTERS	, MALCOLM		1	Street Addres	S (PO BootNumber is Not Acceptable)
		enter drive, ste. 10	0	70 E	s (P.O. Bornumber is Not Acceptable) K. Bankier, Halmerd Christu
DEERFIEL	D BEACH F	L 33442		4800	N. Federal Hwy Suite 200E
				City	7in Code
				1 1900	Rotan FL Zip Code
3. The above	e named entity	submits this statement for	r the purpose of changing its	registered office or regist	<u>L Natto</u> - 33431
3. The above	e named entity	y submits this statement fo	r the purpose of changing its	registered office or regist	dered agent, or both, in the State of Florida.
	ı	y submits this statement for	FIK	registered office or regist	lered agent, or both, in the State of Florida.
SIGNATURE 3. Capital Co	Signature, typed on tributions on record.	or printed name of registered agent in the state of the s	and title if applicable. (NOT 10. Amount of Capit in FLORIDA to co	: Registered Agent signature requiral Contributions ate.	lered agent, or both, in the State of Florida. Toda when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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3. Capital Coas Shown 2. DOCUMENT / AME TREET ADDRESS TY-ST-ZIP	Signature, typed on record. A G NOTE: L990000044 BUTTERS H	SCOTT A. So printed name of registered agent in the second	10. Amount of Capit in FLORIDA to co	: Registered Agent signature requiral Contributions ite. FITY MUST BE REGIS e form; an amendmental 13.	red when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION. STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
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SIGNATURE: JULIAND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 4-30-01 Date