STAPLE CHECK HERE

SIGNATURE: ___

2002	UNIFORM BUSI	NESS REPU	n i	(UDN)	_			•	
DOCUMENT # A9900001329 1. Entity Name THE REICH FAMILY LIMITED PARTNERSHIP					FILED				
					02 JAN 16 PM 2: 54				
Principal Place 1416 TUSCA ¹ WINTER SPRII	TRAIL	Mailing Address 1416 TUSCA TRAIL WINTER SPRINGS FL 3276	-		SECRETARY OF STATE TALLAHASSEE, FLORIDA			1)	
Principal Place of Business 3. Mailing Address							İ		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2	002			
City & State		City & State			4. FEI Number	59-3592726	Applied For Not Applicate	ole	
Zip Country		Zip	Zip Counti		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				None	7. Name and A	ddress of New Registered	Agent		
REICH, STEPHEN G				Name Street Address (P.O. Box Number is Not Acceptable)					
1416 TUSCA TRAIL WINTER SPRINGS FL 32708									
WHITEIT OF THINGS I'E OE, OU				City	City FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or regist	ered agent, or both,	in the State of Florida.			
SIGNATURE .	•								
Signature, typed or printed name of registered agent and title if applicable.				DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE				\dashv	
as Shown on record. in FLORIDA to date			ate.	SEE REVERSE SIDE FOR FEE INFORMATION Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			_		
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on ti	he form	IUST BE REGI: n; an amendme	STERED AND AC ent must be filed	to change a general pa	artner.		
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES OF	ΛΓ'A.	⊣ ⊊	
DOCUMENT # NAME STREET ADDRESS	REICH, STEPHEN G 1416 TUSCA TRAIL WINTER SPRINGS FL 32708			EET ADDRESS -ST-ZIP		<u> </u>		E003 (c./)1)	
DOCUMENT #	THE CONTROL OF THE COLUMN		етв	EET ADDRESS				غ ا	
NAME STREET ADDRESS				r-ST-ZIP			vacon d	_	
CITY-ST-ZIP DOCUMENT #	WINTER SPRINGS FL 32708		O.Y.D.	TIT ADDRESS		10004790 -01/23/02		-	
NAME STREET ADDRESS CITY-ST-ZIP				FET ADDRESS		****150.00	****150.00		
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DOCUMENT #			STRI	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP					
DOCUMENT # NAME			STR	EET ADDRESS					
STREET ADDRESS. CITY-ST-ZIP				Y-ST-ZIP			and the state of t		
14. I hereby indicated	certify that the information supplied with I on this report is true and accurate and	this filing does not qualify for that my signature shall have	r the exe the sam	emption stated in le legal effect as i	Section 119.07(3)(i) f made under oath;	, Florida Statutes. I furtner c that I am a General Partner	ertify that the information of the limited partnership	or or	