

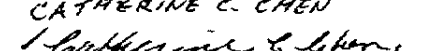


**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000002041</b> 1. Entity Name <b>PYRAMID C. LIMITED PARTNERSHIP</b>				<b>Mar 23, 2004 08:00 AM</b> <b>Secretary of State</b>	
Principal Place of Business <b>6415 JACKIE LYNN CT. SARASOTA, FL 34241</b>		Mailing Address <b>6415 JACKIE LYNN CT. SARASOTA, FL 34241</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.		01222004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number <b>65-0965271</b> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEE, H. GREG 2014 FOURTH ST. SARASOTA, FL 34237</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P O Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$2,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$306,163</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000095596		STREET ADDRESS		
NAME	FU CHI, INC.		CITY- ST- ZIP		
STREET ADDRESS	6415 JACKIE LYNN CT.				
CITY- ST- ZIP	SARASOTA, FL 34241				
DOCUMENT #			STREET ADDRESS	000000109711	
NAME			CITY- ST- ZIP	04/05/04-80066-025 526.25	
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STREET ADDRESS					
CITY- ST- ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
<b>CATHERINE C. CHEN</b>					
SIGNATURE: 			Date: <b>01/13/04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone # <b>941-925-036</b>		