Zip Country Zip Country 5. Ce 6. Name and Address of Current Registered Agent 7. Na Mark J. Norwicki			
315 Fifth Street West Palm Beach, FL SAME 33401 2. Pinoipal Place of Business Suile, Apt #, etc. City & State Zip Country Zip Country Astate Zip Country State City & State Astate Country State City & State City & State City & State City & State Country State City & State City & State Astate Country State State State City & State State Country State	FILED		
315 Fifth Street West Palm Beach, FL SAME 33401 2. Pinopal Place of Business Suite, Apt #, etc. City & State Zp Country Zp Country A General Pace of Business Suite, Apt #, etc. City & State Zp Country State A Mark J. Norwicki 14155 U.S. Highway One, Ste. 302 Juno Beach, FL 33408 City Street Address (PO. Boo Juno Beach, Street address (PO. Boo Juno Beach, Street address (PO. Boo Juno Beach, Street address (PO. Boo Juno Beach and the statement for the purpose of changing its registered alger Signame, speak or primet nume or organized speak and the fragments as Shown on record \$100.00 10. Amount of Capital Contributions in FLORIDA to date. Copital Contributions as Shown on record \$100.00 11. Amount of Capital Contributions in FLORIDA to date. Signame and State Beach, FL 33401 Street Address Signame and State Beach, FL 33401 ODMARY / MME Signame Appendic primet ageneration of the street West Palm Beach, FL 33401 Street Address Signame and Street Palm Beach, FL 33401 OTY ST-2P Street Address Signame agenes Street Address Signame agenes <th>00 JUN 22 PM 2:25</th>	00 JUN 22 PM 2:25		
33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zp Country Zip Mark J. Norwicki Name Mark J. Norwicki Name 14155 U.S. Highway One, Ste. 302 Street Address (PO. 6co. Juno Beach, FL 33408 City Street Address (PO. 6co. City 8. The above named entity submits this statement for the purpose of changing its registered affect ager Street Address (PO. 6co. SIGNATURE Signatus, types or primer name of registered ager and the displatation (NOTE Registered affect ager synthesis as a shown on record. \$100.00 9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in a mendment must as a street Address (PO. 6co. 20. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in Control to Capital Contributions in Control to Capital Contributions in Control to Capital Contributions in Capital Contributions in Capital Contributions in Control to Capital Contributions in Control to Capital Contributions in Control to Capital Contrect Science in Control to Capital Contrect	CEORETARY OF STATE.		
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country Suite, Apt. #, etc. City & State 4. FE Zip Country S. Ce 6. Name and Address of Current Registered Agent 7. Na Mark J. Norwicki Intervent Registered Agent 7. Na Mark J. Norwicki Intervent Registered Agent 7. Na Mark J. Norwicki Street Address (PO. Bo. Street Address (PO. Bo. Juno Beach, FL 33408 City Street Address (PO. Bo. Street Address (PO. Bo. Intervent Registered of line or registered ager City 8. The above named entity submits this statement for the purpose of changing its registered office or registered ager City 9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in FLORIDA to date. Intervent Registered Agent	SECRETABY OF STATE TALLAHASSEE, FLORIDA		
City & State City & State City & State City & State Country Country State Country Stat			
Zip Country Zip Country 5. Ce Image: Country Image: Country Street Address of Current Registered Agent 7. Na Mark J. Norwicki 14155 U.S. Highway One, Ste. 302 Street Address (PO. Boo Juno Beach, FL 33408 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agen SiGNATURE Software or printed name of registered agent and their Repletable (MOTE: Registered Agent signature required agent and their Repletable 9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in FLORIDA to date. Inclusion of Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in FLORIDA to date. 12. CENERAL PARTNER THAT IS a BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY NOT be changed on the form; an amendment must 315 Fifth Street Street Address 13. Convert. Albert Gamot Street Address 14. Gertrude Gamot Street Address City - Strap 14. Gertrude Gamot Street Address City - Strap 15. Giffth Street City - Strap Street Address 16. Gertrude Gamot Street Address City - Strap 17. Street Address City - Strap City - Strap 18. Street Address	DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent 7. Name Mark J. Norwicki 14155 U.S. Highway One, Ste. 302 Name Juno Beach, FL 33408 Street Address (PO.Bo. City Street Address (PO.Bo. Street Address (PO.Bo. City 8. The above named entity submits this statement for the purpose of changing its registered office or registered ager SiGNATURE Street Address (PO.Bo. Signature, typed or binned name of registered agent and tide applicable. (NOTE Registered Agent signature required when rem 9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY NOT be changed on the form; an amendment must 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY NOT be changed on the form; an amendment must 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: Seneral Partners MAY NOT be changed on the form; an amendment must 13. STRET ADDRESS STRET ADDRESS ODCUMENT / MAKE SIFET ADDRESS STRET ADDRESS STRET ADDRESS OTY-ST-2P STRET ADDRESS DOCUMENT / MAKE STRET ADDRESS STRET ADDRESS STRET ADDRESS <td< td=""><td>Number X Applied For Not Applicable</td></td<>	Number X Applied For Not Applicable		
Mark J. Norwicki Name 14155 U.S. Highway One, Ste. 302 Street Address (P.O. Bo Juno Beach, FL 33408 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered ager ONOTE: Regulated Agent signature request and entity of registered agent and entity of capital Contributions 9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY NOT be changed on the form; an amendment must 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY NOT be changed on the form; an amendment must 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY NOT be changed on the form; an amendment must 13. STRET ADDRESS OCUMENT / NAME Albert Gamot STRET ADDRESS STRET ADDRESS Gertrude Gamot STRET ADDRESS MAME STRET ADDRESS STRET ADDRESS CITY-ST-2P DOCUMENT / NAME STRET ADDRESS STRET ADDRESS CITY-ST-2P DOCUMENT / NAME STRET ADDRESS STRET ADDRESS CITY-ST-2P DOCUMENT / NAME STREET ADDRESS STRET ADDRESS CITY-ST-2P DOCUMENT / NAME STREET ADDRESS	tificate of Status Desired Status Desired Status Desired Fee Required		
Mark J. Norwicki 14155 U.S. Highway One, Ste. 302 Juno Beach, FL 33408 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered ager SIGNATURE Sprature typed or printed name of regettered agent and tild of updicable (NOTE: Regettered Agent agenture required when minimated agent and tild of updicable 9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY MOT be changed on the form; an amendment must 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY MOT be changed on the form; an amendment must 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY MOT be changed on the form; an amendment must 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY MOT be changed on the form; an amendment must 13. STREET ADDRESS GTY-ST-ZIP Vest Palm Beach, FL 33401 OUTY-ST-ZIP Gertrude Gamot STREET ADDRESS GITY-ST-ZIP OCUMENT / MAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP OCUMENT / MAME STREET ADDRESS	ne and Address of New Registered Agent		
8. The above named entity submits this statement for the purpose of changing its registered aliger or registered ager SIGNATURE	Number is Not Acceptable)		
SIGNATURE Signature, typed or printed name of registered agent and title 1 applicable. (NOTE: Registered Agent signature required when reins as Shown on record. \$100.00 9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY NOT be changed on the form; an amendment must of Capital Contributions in FLORIDA to date. 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY NOT be changed on the form; an amendment must of Capital Contributions in FLORIDA to date. 12. GENERAL PARTNER INFORMATION 13. DOCUMENT / Albert Gamot Street ADDRESS ONTY ST-ZIP West Palm Beach, FL 33401 ONTY-ST-ZIP DOCUMENT / MAKE STREET ADDRESS ONTY-ST-ZIP DOCUMENT / MAKE STREET ADDRESS ONTY-ST-ZIP ONTY-ST-ZIP ONTY-ST-ZIP ONTY-ST-ZIP ONTY-ST-ZIP ONTY-ST-ZIP ONTY-ST-ZIP <td <="" colspan="2" td=""><td>FL Zip Code</td></td>	<td>FL Zip Code</td>		FL Zip Code
Signature, hyped or printed name of registered agent and tile (tuplicable. (NOTE: Registered Agent signature required when reins as Shown on record. \$100.00 9. Capital Contributions as Shown on record. \$100.00 10. Armount of Capital Contributions in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY NOT be changed on the form; an amendment must an another the strength of the strengt of the strength of the strength of the strength of the			
Signature, hyped or printed name of registered agent and tile (tuplicable. (NOTE: Registered Agent signature required when reins as Shown on record. \$100.00 9. Capital Contributions as Shown on record. \$100.00 10. Armount of Capital Contributions in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY NOT be changed on the form; an amendment must an another the strength of the strengt of the strength of the strength of the strength of the			
as Shown on record. \$100.00 in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY NOT be changed on the form; an amendment must GENERAL PARTNER INFORMATION 12. GENERAL PARTNER INFORMATION 13. OCUMENT / NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS OCUMENT / NAME Gertrude Gamot STREET ADDRESS STREET ADDRESS OCUMENT / NAME Gertrude Gamot STREET ADDRESS STREET ADDRESS OCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY -ST -ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY -ST -ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY -ST -ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY -ST -ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY -ST -ZIP DOCUMENT / NAME STREET ADDRES			
NOTE: General Partners MAY NOT be changed on the form; an amendment must 12. GENERAL PARTNER INFORMATION 13. DOCUMENT / NAME Albert Gamot STREET ADDRESS STRET ADDRESS 315 Fifth Street CITY-ST-ZIP DOCUMENT / NAME Gertrude Gamot STREET ADDRESS STRET ADDRESS Gertrude Gamot STREET ADDRESS STRET ADDRESS Gertrude Gamot STREET ADDRESS STRET ADDRESS Gertrude Gamot STREET ADDRESS CITY-ST-ZIP West Palm Beach, FL 33401 CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS OTY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP OTY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP <	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
12. GENERAL PARTNER INFORMATION 13. DOCUMENT / Albert Gamot STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33401 CITV-ST-ZIP DOCUMENT / Gertrude Gamot STREET ADDRESS ODCUMENT / Gertrude Gamot STREET ADDRESS STREET ADDRESS 315 Fifth Street STREET ADDRESS STREET ADDRESS S15 Fifth Street CITV-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DOCUMENT / STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DOCUMENT / STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRE			
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS Gertrude Gamot STREET ADDRESS OCUMENT / Gertrude Gamot STREET ADDRESS STREET ADDRESS 315 Fifth Street STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS OCUMENT / West Palm Beach, FL 33401 STREET ADDRESS OUCUMENT / West Palm Beach, FL 33401 STREET ADDRESS OCUMENT / STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	ADDRESS CHANGES ONLY		
STREET ADDRESS 315 Fifth Street West Palm Beach, FL 33401 CITY-ST-ZIP DOCUMENT # Gertrude Gamot NAME 315 Fifth Street West Palm Beach, FL 33401 CITY-ST-ZIP DOCUMENT # Gertrude Gamot STREET ADDRESS STREET ADDRESS CITY-ST-ZIP West Palm Beach, FL 33401 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP	(966) (966) 03		
NAME Gertrude Gamot STREET ADDRESS STREET ADDRESS 315 Fifth Street CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			
SINCE ADDRESS West Palm Beach, FL 33401 CITY-ST-ZIP DOCUMENT	2000033173624, -07/10/00-01023001		
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	****141.25 ****141.25		
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	· ·		
NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP COMMENT # NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			
NAME STREET ADDRESS			
STREET ADDRESS			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11 indicated on this report is true and accurate and that my expnature shall have the same legal effect as if made und the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: allat Dem)	.07(3)(i), Florida Statutes. I further certify that the information ar oath; that I am a General Partner of the limited partnership or		