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03 APR 15 AM 7:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



DUE BY MAY 1, 2003

4. FEI Number **52-2288773**

Not Applicable

5. Certificate of Status Desired


\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

FL

Zip Code

SIGNATURE 
Signature, typed or printed name of registered agent and title

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

10. Amount of Capital Contributions
to FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

13. ADDRESS CHANGES ONLY

CITY-ST-ZIP

CITY-ST-ZIP

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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)(i), 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.

SIGNATURE: M. Shore **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-11-03
Date

772-223-9686
Daytime Phone #

CR2E003 (10/02)