2001	UNIFO	RM	BUSINESS	REPORT	(UBR
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DOCUMENT # B0000000308 1. Entity Name											871			
CHRISTINE REICHOW - ARTIST L.P.							FILED					4		
Principal Place of Business 21301 TAMIAMI TRAIL #320 PMB 225 ESTERO FL 33928				21 #3	21301 TAMIAMI TRAIL #320 PMB 225 SE			O1: SEC	JAN 25 PM 12: 46: ECRETARY OF STATE LLAHASSEE, FLORIDA					
Principal Place of Business 3. Mailing Address								\$ 			(() () ()			
Suite, Apt. #, etc. Suite, Apt. #, etc.								DO NOT W	RITE IN THIS S	PACE				
City & State				City & State			4. FEI Number	- 039	1620		Applied For Not Applicab	le		
Zip	Zip Country			Zip Countr		itry	5. Certificate of Status Desired \$8.75 Add Fee Require				Additional uired			
	6. Name	and Addres	s of Current	Regis	tered Agent				7. Name and A	ddress of New	Registered A	gent		コ
DEIOLIONI			æ	-	••		Name	•		• •			•	- [
REICHOW, RICHARD D 21301 TAMIAMI TRAIL						Street Address (P.O. Box Number is Not Acceptable)						7		
#320 PME	3 225													٦
ESTERO FL 33928						City		FL Zip Code				Code	ᅱ	
8. The above	named entity	y submits this	statement for	the p	urpose of changing its	register	ed office or	registere	ed agent, or both	in the State of	Florida.	-1		1
SIGNATURE	Signature, typed	or printed name of	f registered agent e	nd title it	applicable. (NOTI	E: Registere	d Agent signat	ure required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
9. Capital Co as Shown	on record.		\$0.00		10. Amount of Capit in FLORIDA to d	ate.								
•	A (GENERAL	PARTNER T	HAT	IS A BUSINESS EN	TITY M	UST BE	REGIST	ERED AND AC	TIVE WITH T	HIS OFFICE.			
12.	NOIE		RAL PARTNER		T be changed on the	13.	; an ame	nameni	must be filed		HANGES ONL			_
	F00000005		IAL I AIIIILI	1141 0	TWATION					ADDRESS C	HANGES ONL	1		٦g
NAME	TONIN MANAGEMENT, INC. 1802 N CARSON ST SUITE 212					STRE	ET ADDRESS	\ac	S E. FI	amings	RJ.	<u>Su.</u>	ta 15:	디톶
CITY-ST-ZIP	CARSON CITY NV 89201				CITY	-ST-ZIP	Las	Vegus	XIU	896	19	 	R2E003 (11/00)	
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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 John Magamanh Tale Richard D. Re & by Don Lou Harlor > 355 SIGNATURE: 70 miles Magamanh Tale Richard D. Re & by Don Lou Harlor > 355														
SIGNATURE: 70 DIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER Date Date Daylime Phone #														