						APPROVER		
DOCUMENT # B9300000085 1. Entity Name						APPROVE		
1001 EXECUTIVE PARK ASSOCIATES, LTD.					<u>.</u>	02 APR 22 PM 3: 49		
					U	UZ HIT STATE		
Principal Place of Business Mailing Address					SECRETARY OF STATE TAULAHA'SSEE, FLORIDA			
1001 W. C\ #320	YPRESS CREEK ROAD	Mer		A har to a constraint				
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 3330 2. Principal Place of Business 3. Mailing Address								
				1	1 (88)			
Suite, Apt. #, etc. Suite, Apt.			#, etc.		DUE BY MAY 1, 2002			
City & Sta	City & State City & State				4. FEI Number	4. FELNumber		
Zip	Country	Zip	Country		<u> </u>	52-1141460	Not Applicable	
*-			Cour	y	5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Curren	t Registered Agent				ddress of New Registered	l Agent	
NOBIL,	NOBIL, JAMES H				Name			
1001 W. CYPRESS CREEK ROAD #320				Street Address (P.O. Box Number is Not Acceptable)				
FT. LAUDERDALE FL 33309				City Zip Code				
8. The above	e named entity submits this statement for	or the purpose of changing	g its registere	ed office or regi	istered agent, or both,			
	-							
SIGNATURE						DATE		
9. Capital Contributions as Shown on record. \$545,000.00 In FLORIDA to date						11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNER NOTE: General Partners Mi	THAT IS A BUSINESS AY NOT be changed o	ENTITY M	UST BE REG	SISTERED AND AC	TIVE WITH THIS OFFIC	E.	
12.	GENERAL PARTNE	R INFORMATION	13.			ADDRESS CHANGES ON		
DOCUMENT # NAME	GP9900000475 NOBIL-NOVICK & ASSOCIATES		STREET					
STREET ADDRESS	1001 N.W. 62ND ST. SUITE 320		CITY	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , 		
CITY-ST-ZIP DOCUMENT #	FT. LAUDERDALE FL 33309			GITE!				
NAME			STRE	ET ADDRESS				
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STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP .		· · · · · · · · · · · · · · · · · · ·		
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STREET ADDRESS			1					

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 employed to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

HANDE ME GEOURAMES H. NOBIL

954/772/5320

Date