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DOCUMENT # B9300000417							FILED				
BRMC, LIMITED PARTNERSHIP								02 MAY - 1	PH 5: !	52	
							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
e of Busines: ON AVE IY 10168	S	Mailing Address % TED MARCH-BRRC 501 E. CAMINO REAL BOCA RATON FL 33432				i					
2. Principal Place of Business 3. Mailing Address							- I TROUTION TO THE STATE THAT DOING ORBIT SOUR BOTH SOUR SOUR SOUR SOUR SOUR SOUR SOUR SOUR				
#, etc.		Su	Suite, Apt. #, etc.				DUE BY MAY 1, 2002				
Э		Cit	City & State				4. FEI Number Applied For Not Applicable				
Country		Ziŗ	Zip		Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
_					Name .						
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST.					Street Address (P.O. Box Number is Not Acceptable)						
SUITE 105											
TALLAHASSEE FL 32301					City FL Zip Code					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.											
Signature typed	or printed name of registered agent	and title if a	nolicable					-	DATE		
9. Capital Contributions \$1,000.00 10. Amount of Capital C					butions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE						
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.									er.		
12. GENERAL PARTNER INFORMATION					. ADDRESS CHANGES ONLY						
F93000004369				STRI	EET ADDRESS					a	
EET ADDRESS 380 LEXINGTON AVE				CITY	/_ CT_ 7ID		-05/10/0201062005				
NEW YORK NY 10168				Cill	-31-21	****141.25 ****141.25					
OCCUMENT # NAME					EET ADDRESS	ADDRESS					
ADDRESS T-ZIP					ST-ZIP						
					EET ADDRESS	ADDRESS					
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ICUMENT #					STREET ADDRESS						
				CITY	'-ST-ZIP						
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				CITY	-ST-ZIP		.,				
				STRE	EET ADDRESS						
				CITY	-ST-ZIP						
	MENT e  IMITED PA e of Business ON AVE IY 10168 lace of Busin #, etc. e  6. Name  NTICE-HALI /S ST. 5 SSEE FL 3/ named entity Signature, typed htributions on record.  A C NOTE:  F93000000 BRMC, IN 380 LEXIP	MENT # B9300  IMITED PARTNERSHIP  e of Business  ON AVE IY 10168  lace of Business  #, etc.  Country  6. Name and Address of Current  NTICE-HALL CORPORATION SYS  (S ST.  SSEE FL 32301  named entity submits this statement for  Signature, typed or printed name of registered agent  ntributions on record.  A GENERAL PARTNER  NOTE: General Partners M/  GENERAL PARTNE  F93000004369  BRMC, INC. 380 LEXINGTON AVE	MENT # B930000  IMITED PARTNERSHIP  e of Business	MENT # B9300000417  e of Business	MENT # B93000000417 e  of Business	MENT # B9300000417  e of Business	Mailing Address on AVE STED MARCH-BRRC ON AVE STED MARCH-BRRC SOI E. CAMINO REAL BOCA RATON FL. 33432  lace of Business  3. Mailing Address  #, etc.  City & State  Country  Zip Country  Amme and Address of Current Registered Agent NTICE-HALL CORPORATION SYSTEM, INC. SSEE FL 32301  City  The Address of City & State  City  STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST	MENT # B9300000417  a of Business	MENT # B93000000417  O2 MAY -   SECRETAR: TALLAHASS  WAIIING Address ON AVE	MENT # B93000000417  O2 PIAY - I PH 5:  SECRETARY OF STA IAULAHASSEE, FLOR  White State Decoration Residences  Mailing Address Whate State Decoration Residences So E CAMPO REL BOCA RATON FL 33432  Be Clay & State  Clay & State  Clay & State  Country  Zip  Country  S. Certificate of Status Desired  A. FEI Number  13-3711311  None  Country  Zip  Country  S. Certificate of Status Desired  Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  City & State  T. Name and Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Name  City & State  City & State  T. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  FL  The Country Submits this statement for the purpose of changing its registered agent, or both, in the State of Florids.  Septem, paper to present own of irregistered spent and size 7 specialists  A CENTERAL PARTINET 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 filled to change a general partners MAY NOT be changed on the form; an amendment must be filled to change a general partners MAY NOT be changed on the form; an amendment must be filled to change a general partners MAY NOT be changed on the form; an amendment must be filled to change a general partners MAY NOT be changed on the form; an amendment must be filled to change a general partners MAY NOT be changed on the form; an amendment must be filled to change a general partners MAY NOT be changed on the form; an amendment must be filled to change a general partners MAY NOT be changed on the form; an amendment must be filled to change a general partners MAY NOT be changed on the form; an amendment must be filled to change a general partners MAY NOT be changed on the form; an amendment must be filled to change a general partners MAY NOT be changed on the form;	

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: \_/\_

561-447-5300 Daytime Phone #