2000	UN	IFORM BUS	INESS REPO	RT	(UBR)			
DOCUMENT # B9700000244 1. Entity Name						Strong (LLC)		
COOLIDGE CLARCONA EQUITIES LIMITED PARTNERSHIP						SECRETARY OF STATE DIVISION OF CORPORATIONS		
	ess Park Ave. NY 10583	Scarsdale, NY	g Address Central Park Ave. rsdale, NY 10583 n: Ron Talarico		00 MAY - 1 PH 12: 06			
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State			City & State				Applied For Not Applicable	
Zip	Country		Zip	Country		5. Certificate of Status Desired See Requirements	Additional	
	6. Nar	ne and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
Scott W. Callahan, Esq. 37 North Orange Ave Suite 200 Orlando, F1 32802-3388 8. The above named entity submits this statement for the purpose of changing its requirement.					Name Street Address (P.O. Box Number is Not Acceptable)			
								−Citý −−−−− −−− −−− −−− −−− −−− −−− −−− −−−
					1	<u> </u>		
					SIGNATURE Sig 9. Capital Contri as Shown on I	ibutions record.	184,706.	10. Amount of Capital in FLORIDA to da
40	гои	E: General Partners M/ GENERAL PARTNE		e form		ent must be filed to change a general partner. ADDRESS CHANGES ONLY		
12.	F970	000002702	H INFORMATION	1		ADDITEGS CHANGES ONE!		
NAME	Coolidge Clarcona Realty Corp.				STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	Scarsdale, NY 10583				r-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS				-	EET ADORESS	RECEIVED		
CITY-ST-ZIP	1	PROPERTY	CLAI	CITY	/ ST-ZIP			
DOCUMENT #		1780	Div. of Corp	STR	EET ADDRESS	AFR 4 0 ZUUU		
STREET ADDRESS CITY-ST-ZIP	1	ACCOUNT LULE	8630	CITY	Y-ST-ZIP	ORLANDO ACCING. DEPT.		
DOCUMENT # NAME	;	· : : : : : : : : : : : : : : : : : : :	\$ 526.25	STRI	EST ADDRESS	200003283612 -06/09/0001103-	-025	
STREET ADDRESS CITY-ST-ZIP		ivoluE	897000000244	CITY	7-ST-ZIP	****526.25 *****	526.25	
DOCUMENT # NAME	~ (ORP Registration	- + STRI	EET ADDRESS ~			
STREET ADDRESS CITY-ST-ZIP •	\\ \frac{1}{2}\tau_{\text{\text{\$\exiting{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exiting{\$\text{\$\exiting{\$\text{\$\exiting{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$}\exitin{\$\text{\$\text{\$\texitin{\$\text{\$\texitin{\text{\$\text{\$\exitin{\$\text{\$\texitin{\texititit{\$\text{\$\texitin}}}\$\tinititit{\$\text{\$\tinititit{\$\texitit{\$\texititit{\$\texititt{\$\ti				(-ST-ZIP	·		
DOCUMENT #" NAME L ₂	- (11740 11	dou 4/25	STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					Y-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. 4-1/-00 914 914 917 919 919 919 919 919								
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylime Phone #								
ACOBORA V. STIBURCH JR., V.R.								