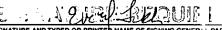
200	IUNI	rykm busi	ME33 KEPU	KI	(UDK)	and the state of t	
DOCUMENT # B9700000370  1. Entity Name					-		
BROOKWOOD MERIDIAN PARTNERS LIMITED PARTNERSHIP  Principal Place of Business Mailing Address						FILED	
						- 01 MAY -1 AM II: 47	
55 TOZER ROAD BEVERLY MA 01915			55 TOZER ROAD BEVERLY MA 01915			SECRETARY OF STATE, TALLAHASSEE, FLORIDA	
2. Principal f	Place of Busin	ess	3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEI Number 04-3379675 Applied For Not Applicable	
Zip	Country Zip		Cour	ountry  5. Certificate of Status Desired			
	6. Name	and Address of Current I	Registered Agent		<u> </u>	7. Name and Address of New Registered Agent	
					Name		
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)		
		101-2525					
TALLAHASSEE FL 32301-2525					City	FL Zip Code	
8. The above	e named entity	submits this statement for	the purpose of changing its re	egister	ed office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE	Ci-atus based	or printed name of registered agent a	nd title if applicable. (NOT	Pagistore	ed Agent signature requ	ired when reinstating) DATE	
9. Capital Co	<del></del>		10. Amount of Capit al			11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
	on record.	\$1,375,000.00	in FLORIDA to d at		IUST BE REGI	SEE REVERSE SIDE FOR FEE INFORMATION STERED AND ACTIVE WITH THIS OFFICE.	
12.	NOTE	General Partners MA	Y NOT be changed on the	form	ı; an amendm	ent must be filed to change a general partner.  ADDRESS CHANGES ONLY	
DOCUMENT#						ASSITES OF PARCE ONE	
NAME	1091 000000000			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	טא וטבנוו ווטאט			CITY	Y-ST-ZIP		
DOCUMENT # NAME				STRI	EET ADDRESS	3000042747532	
STREET ADDRESS CITY-ST-ZIP				CITY	Y-ST-ZIP	-05/21/0101181003 ****526.25 ****526.25	
DOCUMENT # NAME			<u> </u>	STRI	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	r-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP				CITY	r-ST-ZIP		
DOCUMENT #			-	STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP			
DOCUMENT #				STRE	EET ADDRESS		
STREET ADDRESS				CITY	'-ST-ZIP		
14 I hereby	cortify that the	information supplied with	this filing does not qualify for t	he eye	motion stated in	Section 119 07(3)(i) Florida Statutes I further certify that the information	

I hereby certify that the information supplied with this filing does not qualify to 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 Chap er 620, Florida Statutes

SIGNATURE: _	
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Daytime Phone #