2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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S. CHINGEON FOR Required 6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 9. Capital Contributions as Store or registered agent, or both, in the State of Florida. 9. Capital Contributions as Store or registered agent, or both, in the State of Florida. 9. Capital Contributions as Store or registered agent, or both, in the State of Florida. 9. Capital Contributions as Store or registered agent, or both, in the State of Florida. 9. Capital Contributions as Store or registered agent, or both, in the State of Florida. 9. Capital Contributions as Store or registered agent, or both, in the State of Florida. 9. Capital Contributions as Store or registered agent, or both, in the State of Florida. 9. Capital Contributions as Store or registered agent, or both, in the State of Florida. 9. Capital Contributions as Store or registered agent, or both, in the State of Florida. 9. Capital Contributions as Store or registered agent, or both, in the State of Florida. 9. Capital Contributions as Store or registered agent, or both, in the State or Florida. 9. Capital Contributions as Store or registered agent, or both, in the State or Florida. 9. Capital Contributions as Store or registered agent, or both, in the State or Florida. 9. Capital Contributions as Store or Registered Agent and Income Plant or Registered Agent			7				58-2383331		
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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 9. Capital Contributions 8. Capital Contributions 9. Capital Contributions 8. Shown on record. 10. Amount of Capital Contributions 8. Shown on record. 11. MAKE CHECK PAYBLE TO DEPT. OF STATE 8. SERVERSS SIDE FOR FEE INFORMATION A GENERAL PARTINER 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 partner. 12. GENERAL PARTINER INFORMATION TOCUMENT P8000006069 DEME CITY ST. 2P GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY STREET ADDRESS CITY ST. 2P DOCUMENT NAME STREET ADDRESS CITY ST. 2P CITY ST					Street Address (P.O. Box Number is Not Acceptable)				
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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	STREET ADDRESS CITY-ST-ZIP		_		ŀ				
	14. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	h this filing does not qualify to that my signature shall have	or the exe	emption stated in Se e legal effect as if n	ection 119.07(3)(i), nade under oath; t	Florida Statutes. I further hat I am a General Partne	certify that the infor r of the limited partr	mation nership or

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