1. Entity Nam	MENT #	B9800	0000564		. + <sup>3</sup> }		·		201/888	
-		ES LIMITED PARTNE	ERSHIP		Ī	LED			2	
•	ce of Business HENDERSON RO	AD. SUITE 8	Mailing Address 4141 NORTH HENDERSO ARLINGTON VA 22203	ON ROAD. S	SUITE 8	TARY OF STANSEE, FLO			8///2 8//// 8/01 (1.8)	
2. Principal P	Place of Busines	S	3. Mailing Address					() DD()  OT) f BD(Of		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			7	DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number 54-6097390 Applied For Not Applied be			Applied For Not Applicable	
Zip		Country	Zip	Coun	try	5. Certificate of	f Status Desired	\$8.75 Fee Re	5 Additional equired	
	6. Name an	d Address of Current	Registered Agent		Name -	7. Name and /	Address of New Regis	stered Agent		
WALTERS, ARTHUR L III 13985 75TH AVE					Street Address (P.O. Box Number is Not Acceptable)					
n semino	N SEMINOLE FL 34646				City			FL Zip	o Code	
8. The above	named entity s	ubmits this statement f	or the purpose of changing it	ts registere	ed office or regis	ered agent, or both	, in the State of Florida			
SIGNATURE .	Signature typed or n	rinted name of registered agent						D.175		
	organizations, typesa or p			TF: Registered	1 Agent signature requi	red when reinstation)		DATE		
9. Capital Co		\$400,000.00	10. Amount of Cap	ital Contrib		red when reinstating)	11. MAKE CHECK P	AYABLE TO DE		
9. Capital Coas Shown of	on record.	\$400,000.00 NERAL PARTNER	10. Amount of Cap in FLORIDA to THAT IS A BUSINESS E	ital Contrib date.	outions  UST BE REGI	STERED AND A	SEE REVERSE S	AYABLE TO DE SIDE FOR FEE I		
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