DOCUMENT # B9900000146										50400 A	
PACIFIC ASSET MANAGEMENT LIMITED PARTNERSHIP						FILED				7	
Principal Place of Business Mailing Address					<del>-</del>	01 FEB -5 AM 10: 49					
998 NE 167 STREET MIAMI FL 33162			998 NE 167 STREET MIAMI FL 33162			SECRETARY OF STATE TALLAHASSEE FLORIDA					
Principal Place of Business     3. Mailing Address					·· <del>··········</del>	-{	<b>111 (8)16 (8)</b> 14 <b>(8)</b> 14 <b>(8)</b> 17	i <b>da</b> ga <b>ga</b> sh <b>gala</b> l ti	811 <b>6</b> 7		
Suite, Apt. #, etc Suite; Apt. #; etc. ~ -						DO NOT WRITE IN THIS SPACE				شور	
~i - City & Sta	te·		City & State			4. FEI Numbe	88-0432421		Applied For Not Applicable		
Zip	Country		Zip	Coun	try	5. Certificate of	of Status Desired [	\$8.75 Fee Req	Additional uired		
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent					
KALAMB, EMILIE S 20100 HIGHLANDS LAKES BLVD					Street Address	s (P.O. Box Number is Not Acceptable)					
						(7.0.00%, 10.1%)					
MIAMI FL 33179 ,					City Zip Code						
The above named entity submits this statement for the purpose of changing its re					<u> </u>		FL				
. The above	e hamed entity submits this	statement for the	e purpose or changing its	registere	ed office of registe	ered agent, or both	, iii the State of Florida.		,		
SIGNATURE	Signature, typed or printed name of	registered agent and ti	itle if applicable. (NOTE	: Registere	d Agent signature require	d when reinstating)		DATE			
9. Capital Contributions as Shown on record. \$60,000.00 10. Amount of Capital Contributions in FLORIDA to date.							11. MAKE CHECK PA SEE REVERSE S	DE FOR FEE IN			
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.											
12.	GENER	AL PARTNER IN	FORMATION	13.			ADDRESS CHANGE	SONLY		Q	
NAME STREET ADDRESS CITY-ST-ZIP	SHAHAB, EMILIE 20100 HIGHLAND LAK			- ST-ZIP	·				R2E003 (11/00)		
DOCUMENT #	MIAMI FL 33179			CTRE	ET ADDRESS			· · · · · · · · · · · · · · · · · · ·		SPE	
NAME STREET ADDRESS CITY-ST-ZIP	KALAM, SHAHAB 20100 HIGHLAND LAK MIAMI FL 33179	ES BLVD			-ST-ZIP		000367 -02/13/01 ****508.	01026-		_	
DOCUMENT #	MICHIEL 55173	`(		STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY	·ST-ZIP						
DOCUMENT # NAME				STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			-	CITY-	ST-ZIP	- · · · · ·			-	_	
DOCUMENT # NAÑE				STRE	ET ADDRESS	"					
SIRVET ADDRESS CITY-ST-ZIP			·	CITY-	-ST-ZIP		·				
DOCÚMENT # NAME	,			STREI	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY-	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											
SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #											