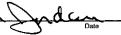
FILED Apr 30, 2001 8:00 am

1. Entity Name J.L. JORDAN COMPANY					Secretary of State 04-30-2001 90131 045 ***158.75			
Principal Place of Business P.O. BOX 6009 HEALDSBURG CA 95448		Mailing Address P.O. BOX 6009 HEALDSBURG CA 95448			ovuze#UU			
•	Place of Business Old Redwood Hwy #, etc.	3. Mailing Address PO Box 6009 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta Healo	te Isburg, CA	City & State Healdsburg, CA Zip Country		4. 1	. FEI Number 94-3334246 Applied For Not Applicable Contificate of Status Decired 77 \$8.75 Additional			
95448	1	95448	US	5. (Certificate of Status Desired.	Fee Require		
	6. Name and Address of Current F			7. 1	Name and Address of New Register	ed Agent		
GOLDEN, DEBORAH L 1420 VENETIA AVENUE CORAL GABLES FL 33134-2260				Street Address (P.O. Box Number is Not Acceptable)				
			City		F	Zip Cod	e	
SIGNATURE	e named entity submits this statement for signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible	Debora		Regi	stered Agent einstating) DA			
Tax filing	requirement and elects to do so.	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		State				
11.	OFFICERS AND D		12.	AD	DDITIONS/CHANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JORDAN, JUDITH L 11447 OLD REDWOOD HIGHWAY HEALDSBURG CA 95448	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
	certify that the information supplied with	this filing does not qualify for the	ne exemption stated in	Section	119.07(3)(i), Florida Statutes. I further	certify that the in	nformation	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

J.L. Jordan Company, General Partner

SIGNATURE: By Judith L. Jordan, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



707-431-5223