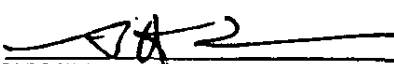


05-07-2004 90004 024 ****50.00

DOCUMENT # L03000013540			
1. Entity Name ST GENPAR, LLC			
Principal Place of Business 1000 E. HILLSBORO BLVD., STE. 100 DEERFIELD BEACH, FL 33441		Mailing Address 1000 E. HILLSBORO BLVD., STE. 100 DEERFIELD BEACH, FL 33441	
2. Principal Place of Business		3. Mailing Address	
* NOTE NEW ADDRESS* 1500 W Cypress Creek Rd., Ste. 409 Ft Lauderdale, FL 33309		Brenner Real Estate Group 1500 W Cypress Creek Rd., Ste. 409 Ft Lauderdale, FL 33309	
4. FEI Number 65-0977890		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BRENNER, SCOTT 1000 E. HILLSBORO BLVD., STE. 100 DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name * NOTE NEW ADDRESS* Stre. 1500 W Cypress Creek Rd., Ste. 409 (ptable) Ft Lauderdale, FL 33309 City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition BRENNER, SCOTT Brenner Real Estate Group 1500 W Cypress Creek Rd., Ste. 409 Ft Lauderdale, FL 33309	
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	
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  PNES 4/28/04			