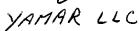
LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1990000/285





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DO NOT WRITE IN THIS SPACE				SECREMANT OF STATE TAUCAHASSEEFELORIDA		
2. Principal Place of Business 3. Mailing Address /ひらより ちんり としまる こうしょう しょうしょう しょうしょう しょうしょう しょうしょう しょうしょう しょうしょう しょうしょう しょうしょう しょうしゅうしゅう しょうしゅう しょうしょう しょうしょう しょうしゅう しょうしゅう しょうしゅう しょうしゅう しょうしゅう しょうしゅう しょうしょう しょうしゅう しょうしゃく しょうしゃく しょうしゃく しょうしょう しょうしゃく しょうしゃく しょうしゃく しょうしょく しょうしょく しょうしょく しょうしょく しょうしょく しょうしょく しょうしょく しょうしょく しょうしゃく しょうしゃく しょうしゃく しょうしゃく しょうしゃく しょうしゃく しょうしゃく しょうしゃく しょうしゃく しょう しょうしゃく しょうしゃく しょうしゃく しょうしゃく しょうしゃく しょうしゃく しょうしゃく しょうしゃく しょく しょく しょく しょく しょく しょく しょく しょく しょく しょ			wy LANG	DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1		
City & State GAINESVILLE		City & State GAINESVILLE		4. FEI Number 59-3565238	Applied For Not Applicable	
Zip 3260		Zip 32608	Country 45A	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
ے چے ہے ر	- 0   2011	12200		7. Name and Address of Current Registere		
DO NOT WRITE  Name Jerry Yachabach  Street Address (P.Q/Box Number is Not Acceptable)						
IN THIS SPACE  Street Address (P.O/Box Number is Not Acceptable)  LANE						
City SAINES VILLE FL Zin Code 32408  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						
SIGNATURE Signature, typical printed name of registrated agent and title if applicable  9. Capital Contributions 10. Amount			Contributions	/ DATE		
as Shown on record. in FLORIDA to date.				11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
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. DOCUMENT #	GENERAL PARTNER INFORMATION  NTI MGRIM YACHABACH, JIERRY		STREET ACORESS	***	8	
name Street address	100-24 500 0	ツ ムや~た		<b>900012784</b> 02/19/030104000	980	
CITY-ST-ZIP	GAINESVILLE	FL 32608	CITY-ST-ZIP	UZ/19/030104000	l <b>**</b> 52.50 §	
DOCUMENT# NAME	MGRH YACHABACH, J	run ni y	STREET ADDRESS	······································	5	
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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						
the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes						
SIGNATURE: SIGNATURE AND TYPED OF SHAME OF SHOWING GENERAL PARTNER 2/13/03 357-337-05-95						