DOCUMENT # A0400000004 1. Entity Name REECO PROPERTIES, LLLP					FILED Feb 02, 2005 08:00 AM		
Principal Place of Business 561 VIRGINIA AVENUE WINTER PARK FL 32789		Mailing Address 561 VIRGINIA AVENUE WINTER PARK FL 32789		Seci	retary of	State	
Principal Place of Business 3. Mailing Address							
Suite, Ap	t #, etc.	Suite, Apt. #, etc.		1ST MOORE CR2E003 (10/04)			
City & State		City & State	City & State		4. FEI Number 20-0553531 Applied For Not Applicable		
Zip	Country	Zip	p Country		5. Certificate of Status Desired See Required		
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
80	MURRAH, KENNETH F 800 W. MORSE BLVD., SUITE 1 WINTER PARK FL 32789			Name Street Address (P.O. Box Number is Not Acceptable)			
WINTER PARK FL 32789							<u> </u>
	8. The above named entity submits this statement for the purpose of changing			City FL Ztp Code			
	Signature, typed or printed name of registered agri- contributions \$4,160,000.	10. Amount of Capit in FLORIDA to c	date. NTITY MI	UST BE REGIST	TERED AND ACTIVE	WITH THIS OF	Instructions for fee info. FICE. partner.
12.			13.		ADDRESS CHANGES ONLY		
NAME STREET ADDRES CITY-ST-ZIP	REECE, WAYNE P RET ADDRESS 561 VIRGINIA AVENUE			ET ADDRESS		<u></u>	<u></u>
DOCUMENT #	REECE, DIANE A		SIRE	E) ADDRESS	02/02/05-80012-011 526.25		
STREET ADDRES	561 VIRGINIA AVENUE,		ÇHY	SI-ZIP			
DOCUMENT / NAME			STRES	ET ADDRESS			
STREET ADORES CITY: ST-ZIP	5		COLA-	- S1 - <u>7</u> IP			
DOCHMENT # NAME			STRE	ET ADDRESS			
CITY-SI-ZIP	S		CHY-	-ST-ZIP			<u> </u>
关 DOCFINENT 1 CITA-21-16			STRE	EZ PRODA FE			
STREET ADDREST CITY ST-ZIP	3		CHY	-SI-ZIP			
DOCUMENT # NAME STREET ADDRES			STRE	ET ADDRESS			
CITY ST-ZIP	CNY ST-ZIP			-S1-ZIP			
14. I hereby certify that the information supplied with this filling 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 eath, that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							

SIGNATURE: WAYNE / KEECE
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

2405 - 407-647-0911