2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 SEP 17 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600003669 AT

DOCUMENT # A96000000709

1. Entity Name
THE RAGGEDYS, LTD.

Principal Place of Business	Mailing Address
414 N. MERIDIAN STREET TALLAHASSEE FL 32301	414 N. MERIDIAN STREET TALLAHASSEE FL 32301

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-3440731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURPHY, WILL 414 N. MERIDIAN STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) 400022556994 08/25/03--01103--006 **541.25 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$500,000.00		

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. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GRUELLE, RUTH 414 N. MERIDIAN STREET TALLAHASSEE FL 32301	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000027063 WM SERVICES, INC. 414 N. MERIDIAN STREET TALLAHASSEE FL 32301	STREET ADDRESS CITY-ST-ZIP	400022556994 09/17/03--01048--002 **385.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (10/02)

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: Will Murphy for WM Services, Inc. 1/13/03 (850)224-1820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #