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DOCU 1. Entity Nam		,,,,,,	999	P2243		4 2.			
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HIDGWAT	PAMILT LI	MITED PARTN ER SHI	AUG 2	4 PM 12: 17	يم م	ř	FILED		
Principal Place of Business TALLAHAS SEES, CAKMONT PLACE STUART FL 34997 STUART FL 34997							01 AUG 24 PM 12: 17		
6285 OAKMONT PLACE							SECRETARY OF STATE		
STUART FL 34	997		ST	UART FL 34997*1			TALLAHASSEE FLORIDA		
				•					
Principal Place of Business 3. Mailing Address							I STREETH HOLD LEKKE DEGIK EEGIG EEGIG EEGIG BEAG BEAG BEAG AFGE KREIK ELECLE EEGI		
Suite, Apt. #, etc. Suite, Apt. #, etc.					<u>(</u>	···	DO NOT WRITE IN THIS SPACE		
City & State City & State							4. FEI Number Applied For 52-2082646 Not Applicable		
Zip		Country	2	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Curre	nt Regist	tered Agent			7. Name and Address of New Registered Agent		
						Name			
RIDGWAY, RICHARD C						Street Address (P.O. Box Number is Not Acceptable)			
6285 OAKMONT PLACE STUART FL 34997						,			
STUARTIT	L 0-1991					City	FL Zip Code		
Δ The shares		- 1 - 2 - 41-1 1	f 11.			1.00			
8. The above	named entity	/ submits this statemen	t for the p	surpose of changing it	s register	ea office or regist	ered agent, or both, in the State of Florida.		
SIGNATURE .	Singer to and		NAI- 1	(Alexandra de la constanta de	TE 0 - /		red when reinstating) DATE		
9. Capital Contributions 10. Amount of Capital Co						The Address of the Control of the Co			
as Shown on record. \$2/8,000-00 in FLORIDA to date						SEE REVERSE SIDE FOR FEE INFORMATION			
	A C NOTE:	ENERAL PARTNER General Partners I	TAHT!	IS A BUSINESS EI T be changed on t	NTITY,M the form	UST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.		
12.		GENERAL PARTI	ER INFO	RMATION	13.		ADDRESS CHANGES ONLY		
DOCUMENT / NAME	DIDCHAAY DICHADD C				STRE	EET ADDRESS	400004559064 7		
	RIDGWAY, RICHARD C B285 OAKMONT PLACE					NV 07 70			
						-ST-ZIP			
DOCUMENT #						EET ADDRESS	4000145550 -09/05/0101020004 ****925.25 ****926.25		
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NAME					SINE	LI ADDRESS			
STREET ADDRESS City-St-Zip						-ST-ZIP			
14 I bereby 6	ertify that the	information supplied v	ith this fil	ing does not qualify fo	or the exe	mption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated the receiv	on this repor er or trustee	t is true and accurate a empowered to expepte	na that m this repor	y signature shall have Das required by Char	the same oter 620, f	e legal effect as if Florida Statutes	made under oath; that I am a General Partner of the limited partnership or		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #