

Register Name  
Address  
**A99000000706**

City/State/Zip

Phone #

100004420551--5  
-06/14/01--01102--001  
\*\*\*\*245.00 \*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- 1. \_\_\_\_\_  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

01 JUL 24 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

A99000000706  
3067-24-01  
2/19/01  
AM

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 25, 2001

JEFFREY D. BUTT  
RUDEN, MCCLOSKEY, SMITH, ET.AL.  
401 E. JACKSON ST., SUITE 2700  
TAMPA, FL 33602

SUBJECT: 5C LIMITED PARTNERSHIP OF CENTRAL FLORIDA  
Ref. Number: A99000000706

We have received your document for 5C LIMITED PARTNERSHIP OF CENTRAL FLORIDA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6050.

Carol Mustain  
Corporate Specialist

Letter Number: 201A00038360

RECEIVED  
01 JUL 24 AM 11:46  
DIVISION OF CORPORATIONS

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. 5C Limited Partnership of Central Florida  
Name of the limited partnership
2. 4/28/99 3. A99000000706  
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

L. David Shear, Esq.  
201 E. Kennedy Blvd., Ste. 1000  
Tampa, FL 33602


5. The name and street address of the successor registered agent and office: (P.O. Box acceptable)

L. David Shear, Esq.  
401 East Jackson Street, Ste. 2700  
Tampa, FL 33602

Such change was authorized by the general partners.

 7-13-01  
Signature of General Partner Date

*Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

 7-14-01  
Registered Agent signature Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED  
01 JUL 24 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA