

FILED

2007 APR 13 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-4999034</b>	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

WEHLE, GERARD F JR  
328 W BEARSS AVE  
TAMPA, FL 33613

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

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**

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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

ADDRESS CHANGES ONLY

DOCUMENT #	P06000077398
NAME	SIHAYA MANAGEMENT INC
STREET ADDRESS	6316 SOUTH QUEENSWAY DRIVE
CITY - ST - ZIP	TEMPLE TERRACE, FL 33617

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
1	JOHN DOE	123 MAIN ST	ANYTOWN - CA - 90210
2	JANE SMITH	456 ELM ST	ANYTOWN - CA - 90210
3	BOB JONES	789 PINE ST	ANYTOWN - CA - 90210
4	ALICE BROWN	101 OAK ST	ANYTOWN - CA - 90210
5	CHARLIE GREEN	202 BIRCH ST	ANYTOWN - CA - 90210

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 OR PRINTED NAME OF EXISTING GENERAL PARTNER

Date: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_