200	UNIFORM BU	SINESS NEFU	n i	(ABU)	_				Ì
DOCUMENT # A000000068 1. Entity Name						,			2
P & M PROPERTIÉS, LTD.				<i>⊶</i> : .	E	LED	15		!
Principal Plac	e of Business		<u> </u>	01 MAR	15 PH 12:	\J	~ (<i>L</i>	•	
1500 ANCHOR COURT ORLANDO FL 32804		1500 ANCHOR COURT ORLANDO FL 32804			SECRETARY OF STATE TALL'AHASSEE, FLORIDA				
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEi Numbe	,		Applied For Not Applicab	le
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		8.75 Additional se Required	7
6. Name and Address of Current Reg		ent Registered Agent		Name	7. Name and	Address of New R	egistered Ag	ent	=
HAMMOND WOLPERT, PAIGE				Street Address (P.O. Box Number is Not Acceptable)					
315 E. ROBINSON STREET, SUITE 600									
ORLANDO FL 32802				City FL Zip Code					_
8. The above	named entity submits this statemen	ed office or registe	ered agent, or both	, in the State of Flo		<u></u>	-		
SIGNATURE									
9. Capital Co	Signature, typed or printed name of registered a ortributions on record. \$3,621,000.0	10. Amount of Capita	al Contrib	Agent signature require				O DEPT. OF STATE	4
as Shown	A GENERAL PARTNE	R THAT IS A BUSINESS EN	TITY MI	3,675,	TERED AND A	TIVE WITH THI	S.OFFICE.	FEE INFORMATION	
40	NOTE: General Partners	; an amendme	nt must be filed	to change a ge		er.	4		
DOCUMENT #	GENERAL PARTNER INFORMATION P0000002208		13.	ET ADDRESS		ADDRESS CHA	INGES ONLY		ا ﴿
NAME STREET ADDRESS CITY-ST-ZIP	TALTON MANAGEMENT, INC. 1500 ANCHOR COURT ORLANDO FL 32804			-ST-ZIP					143
DOCUMENT	ONLANDO I E 32004		STREE	ET ADDRESS					-\d
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	8	00003 -03/20	8890 1/0101	0689 1106028	
DOCUMENT #			STREE	ET ADDRESS /			26.25		<u>نا</u> :
STREET ADDRÉSS CITY-ST-ZIP			CITY-	-ST-ZIP		-	, ş ^{(b.})		<u></u>
DOCUMENT #			STRE	ET ADDRESS					_
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP	- <u>.</u>				
DOCUMENT # NAME			STREE	ET ADDRESS		- 			
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP			<u></u>		
DOCUMENT # NAME			STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
14. I hereby indicated the receiv	ertify that the information supplied on this report is true and accurate er or trustee empowered to execute TALTON MANAGE	with this filing does not qualify for and that my signature shall have to this report as required by Chapt EMENT, INC.	the same er 620, F	i legal effect as if Florida Statutes	made under oath;	that I am a Genera	Partner of the	e limited partnership	or
SIGNATURE: DELICATION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE HEDLOCK Date Daylimb Phone #									