## **2003 LIMITED PARTNERSHIP**

SIGNATURE:

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DOCUMENT # A0000001060  1. Entity Name HOBBS FAMILY PARTNERSHIP, LLLP  2003 JAN 24 PM 1: 17						•	
Principal Place of Business 375 ROB ROY TRAIL 375 ROB ROY TRAIL TALLAHASSEE FL 32312 TALLAHASSEE FL 32312						DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA	
Principal Place of Business     Address     Address							
Suite, Apt.	S OLD CHEMONIE CT #, etc.	Suite, Apt. #, etc.	···				
Ch. Ch.				•		DUE BY MAY 1, 2003	
City & State  I ALLAHASSEE: TC  City & State		City & State				4. FEI Number NOT APPLICABLE Applied For Not Applicable	
Zip Country - 2		Zip Country Country		-	5. Certificate of Status Desired 5. Fee Required		
	6. Name and Address of Current R	egistered Agent		-		7. Name and Address of New Registered Agent	
HOBBS. V	WILLIAM M			Name			
					P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32312				7235 OLD CHEMONIE CT			
•				City TALLAHASSEE FL Zip.Code 32309			
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 Signature, word or printed name of registered agent and title if applicable.						
	2. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  2. 7200,000  11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION						
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		13.	, 4 4		ADDRESS CHANGES ONLY	
DOCUMENT #	110000 DATE: 014 A4 70407-F		STRE	ET ADDRESS	7.	235 OLD CHEMONIE (I	
NAME STREET ADDRESS	HOBBS, PATRICIA M TRUSTEE				7	235 OLD CHEMONIE CT	
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.	*****	TA	LAHASSEE, FL 32809	
DOCUMENT # NAME	HOBBS, WILLIAM M TRUSTEE		<b>≠</b> STRE	ET ADDRESS	7	-235 OLD CHEMONIE CT +	
STREET ADDRESS CITY-ST-ZIP	375 ROB ROY TRAIL TALLAHASSEE FL 32312			CITY-5. Z		WATTASICE, FL 32309	
DOCUMENT #	HOBBS, WILLIAM M		_ , STRE	ET ADDRESS			
STREET ADDRESS	375 RUG ROY TRAIL TALLAHASSEE FL 32312		CITY	-ST-ZIP		400009992234	
DOCUMENT #	THE WOOLE IT SEED IT		STRE	ET ADDRESS	~	01709703 01053 017 **437.50	
NAME STREET ADDRESS CITY-ST-ZIP			CITY	ST-ZIP		400009992234	
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NAME STREET ADDRESS	,	·	CITY-	-ST-ZIP			
CITY-ST-ZIP DOCUMENT #			╂╌	ET ADDRESS	<del></del>		
NAME STREET ADDRESS	h.		1	-ST-ZIP			
CITY-ST-ZIP							
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							



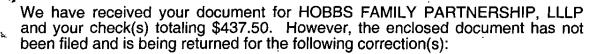
## FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

January 15, 2003

HOBBS FAMILY PARTNERSHIP, LLLP 7235 OLD CHEMONIE CT. TALLAHASSEE, FL 32309

SUBJECT: HOBBS FAMILY PARTNERSHIP, LLLP

Ref. Number: A0000001060- -



The fee to file the enclosed annual report/uniform business report is \$526.25. If a certificate of status is desired, please add an additional \$8.75. The basic annual report/uniform business report filing fee is figured at the rate of \$7.00 per thousand on the actual capital contribution plus a supplemental fee of \$88.75 pursuant to s. 607.193, Florida Statutes, effective 1/1/97. The filing fee shall be no less than \$141.25 (\$52.50 + \$88.75) and no more than \$526.25 (\$437.50 + \$88.75).

Attached is a computer printout for your partnership which shows the general partner(s) according to our records. Your annual report/uniform business report must list the same partners as shown on the printout. To change the partner(s), an amendment must be filed and the appropriate filing fee submitted in accordance with chapter 620, Florida Statutes.

Please return-your document,-along with-a copy of this letter,-within 30 days or -- your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please-call (850) 245-6051.

Registration/Qualification Section

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Division of Corporations Letter Number: 603A00002058