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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2004 NOV 12 AM 9: 47 LIMITED FLORIDA DEPARTMENT OF STATE **PARTNERSHIP** Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # Spartan Securities Group, Ltd. 000043312450 12/09/04--01071--012 \*\*1026.25 3. Mailing Office Address 4. Date Formed or Registered To Do Business in Florida 5. FEI Number Applied For Suite, Apt. #, etc. Not Applicable \$8.75 Additional Fee required City & State City & State CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7a. Capital Contributions a Country Zip Zio 7b. Amount of Capital Contributions in FLORIDA to date 8. Name and Address of Current Registered Agent Name Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. Suite, Apt. #, Etc 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate State City and appropriate filing fee. am Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration 10a. City. State and Zip Code 10. Name(s) of General Partner(s) Document Number an Udvisors, UC 100 15+ AVE S Ste 287 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the sent that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the fame legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to ex **SIGNATURE** MICAH J. ELDRED Typed or Printed Name of General Partner Signing Form