


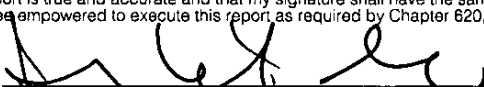


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 10 AM 10: 04

DOCUMENT # A00000001227				DIVISION OF CORPORATIONS	
1. Entity Name WINTER PARK EXECUTIVE CENTER, LTD.				05 MAR 10 AM 10:04	
Principal Place of Business 9095 S.W. 87TH AVE., SUITE 777 MIAMI, FL 33176		Mailing Address 9095 S.W. 87TH AVE., SUITE 777 MIAMI, FL 33176			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-1030204	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MITCHELL, JAMES R 9095 S.W. 87TH AVE., SUITE 777 MIAMI, FL 33176				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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		13. ADDRESS CHANGES ONLY			
DOCUMENT #	P96000099680	STREET ADDRESS			
NAME	PROFESSIONAL MANAGEMENT GEN. PTNRSHPS, INC	CITY-ST-ZIP			
STREET ADDRESS	9095 S.W. 87TH AVE., SUITE 777				
CITY-ST-ZIP	MIAMI, FL 33176				
DOCUMENT #		STREET ADDRESS		100048581621	
NAME		CITY-ST-ZIP		03/17/05--01008--020 **141.25	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
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					
SIGNATURE: 		James R. Mitchell			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		2/25/05 305-270-0870			