

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2002 SEP -3 PM 2:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001377

1. Name of Limited Partnership

DICKEY EDWARDS INVESTMENTS, LTD.

2. Principal Office Address

468 Baybrook Drive

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip

32203

Country

USA

3. Mailing Office Address

468 Baybrook Drive

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip

32203

Country

USA

4. Date Formed or Registered
To Do Business in Florida

9/6/00

5. FEI Number

59-3668706

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$10,000,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$3,544,988.00

FEES:

- 1.) 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.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 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 and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

Frank J. Yong, Esquire

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

701 Riverside Park Place, Suite 110

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

9. 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)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10.

Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a.

Registration
Document Number

Dickey Edwards, Inc.

468 Baybrook Drive

Orange Park, FL 32203

P00000084407

9000007483939--1

-09/03/02--01076--005

***2952.50 ***2052.50

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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 event 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 same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Dickey Edwards, Inc. (GP) DATE 06-29-02

Douglas Edwards, president

Telephone Number

CR2E039 (11/99)

Attachment

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 728870 4351925

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : September 3, 2002

ORDER TIME : 11:22 AM

ORDER NO. : 728870-010

CUSTOMER NO: 4351925

CUSTOMER: Frank J. Yong, Esq
Cone & Yong, P.a.
701 Riverside Park Place
Suite 110
Jacksonville, FL 32204

DOMESTIC FILINGS

NAME: DICKEY EDWARDS INVESTMENTS,
LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

RECEIVED
02 SEP -3 PM 1:11
DIVISION OF CORPORATION