200 1	UNI	FURM BUSI	ME33 KEPU	KI	IORK	1		
DOCUMENT # A0000001539  1. Entity Name								
JIM & ACEY WINGE ENTERPRISES, LTD.							FILED	
Principal Place	e of Business	3	Mailing Address			0.	T 14N 20 M 11: 23	
Principal Place of Business  90 MARTINIQUE AVENUE TAMPA FL 33606  2. Principal Place of Business Suite, Apt. #, etc.  City & State  Zip Country			90 MARTINIQUE AVENUE TAMPA FL 33606			SI	ECRETARY OF STATE	
Principal Place of Business     3. Mailing Address					· · · · ·			
Suite, Apt.	#, etc.	r-11.1.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEI Number Applied For Not Applied For		
Zip Country		Zip Countr		try		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
WINGE, JAMES M					Name			
=		II II*		Ì	Street Add	dress (F	P.O. Box Number is Not Acceptable)	
90 MARTIN		IUE		ŀ				
TAMPA FL 33606					<u> </u>			
		Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  Applied For Not Applicable  Street Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Street Address (P.O. Box Number is Not Acceptable)  DATE  \$10,000,000.00  10. Amount of Capital Contributions In FLORIDA to date.  \$10,000,000.00  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION  INERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  Seneral Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.  GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  SIREET ADDRESS  CITY-ST-Zip 0.2/0.2/0.1—0.1042—0.11  *******141.25  *******141.25						
8. The above	named entity	submits this statement for	Mailing Address  50 MARTINIOUE AVENUE TAMPA FL 33006  3. Mailing Address  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  DO NOT Writte in This space  Applied For Not Applicable  Name  Street Address of Status Desired  S8.75 Additional Fee Required  Name  Street Address of New Registered Agent  Name  Street Address (PO. Box Number is Not Acceptable)  City  This statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  The Applicable of Street Address (PO. Box Number is Not Acceptable)  This this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address (PO. Box Number is Not Acceptable)  The Applicable of Street Address of New Registered Agent of Not Acceptable of					
SIGNATURE _	Signature, typed o	r printed name of registered agent an	d title if applicable. (NOTE	: Registered	Agent signature	required	when reinstating) DATE	
9. Capital Contributions as Shown on record. \$10,000,000.00 in FLORIDA to date.							SEE REVERSE SIDE FOR FEE INFORMATION	
	A G NOTE:	ENERAL PARTNER TH General Partners MAY	AT IS A BUSINESS ENT	FITY MU	JST BE RE	GIST	TERED AND ACTIVE WITH THIS OFFICE.	
DOCUMENT #				STREE	T ADDRESS			
STREET ADDRESS	GÉNERAL PARTNE WINGE, JAMES M 90 MARTINIQUE AVENUE TAMPA FL 33606				, –		-02/02/0101042011	
DOCUMENT #	IAMPA FL	33606			<u> </u>			
	,				STREET ADDRESS			
STREET ADDRESS	90 MARTINIQUE AVENUE TAMPA FL 33606			CITY-S	ST-ZIP			
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DOCUMENT # 4.				STREET	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP	<u></u>		
14. I hereby ce	ertify that the	information supplied with th	nis filing does not qualify for t	the exem	ntion stated	in Sec	ation 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER