


FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001795					
1. Entity Name M.G. HARDEE FAMILY LIMITED PARTNERSHIP, LLLP					
Principal Place of Business 120 NORTH 20TH STREET TAMPA, FL 33605			Mailing Address 120 NORTH 20TH STREET TAMPA, FL 33605		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01262004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3684310	
				Applied For Not Applicable	
				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		
HARDEE, JAMES B JR. 120 NORTH 20TH STREET TAMPA, FL 33605			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. \$5,500,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$3,480,075.00			
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 #	NAME		STREET ADDRESS		
NAME	HARDEE, MARY G		CITY-ST-ZIP		
STREET ADDRESS	120 NORTH 20TH STREET				
CITY-ST-ZIP	TAMPA, FL 33605				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HARDEE, JAMES B JR.		CITY-ST-ZIP		
STREET ADDRESS	120 NORTH 20TH STREET				
CITY-ST-ZIP	TAMPA, FL 33605				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CAMPBELL, BARBARA H		CITY-ST-ZIP		
STREET ADDRESS	120 NORTH 20TH STREET				
CITY-ST-ZIP	TAMPA, FL 33605				
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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 820, Florida Statutes					
SIGNATURE: _____			1/22/04 (813) 248-4905		



STAPLE CHECK HERE