DOCUI 1. Entity Name	MENT # A0000000	01841			
/ILLAGE	GREEN REDEVELOR	PMENT LTD.	. <b>.</b>	FILED	
Principal Place of Business Mailing Address			<u>·</u>	01 MAY -4 PM 12	2: 15
				SECRETARY OF STA TALLAHASSEE, FLOR	ATE RÍD <b>A</b>
	lace of Business	3. Mailing Address	260		
125 28th Street North Suite, Apt. #, etc.		P.O. Box 11268 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	<u> </u>	City & State		4. FEI Number	Applied For
•	etersburg, FL_	St. Petersh		59~3693923	Not Applicable
Zip 33713	Country USA	Zip 33733	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6Name and Address of Curren	nt Registered Agent	Name	7. Name and Address of New Re	gistered Agent
W. Langston Holland 125 28th Street North St. Petersburg, FL533713				s (P.O. Box Number is Not Acceptable)	1
			Street Addres	a (1.0. Box Number to Not Neceptable)	<u> </u>
50. 1	000000000000000000000000000000000000000				<b>E</b> ∎ Zip Code
			City		FL Zip Code
8. The above	named entity submits this statement	for the purpose of changing	its registered office or regis	stered agent, or both, in the State of Flor	ida
8. The above					ida.
	Signature, typed or printed name of registered age intributions on record. 7,500	ont and title if applicable.  - 10. Amount of C in FLORIDA	NOTE: Registered Agent signature requalities Contributions to date. 7,500	uired when reinstating)	DATE K-PAYABLE-TO-DEPT: OF STATE E SIDE FOR FEE INFORMATION
SIGNATURE .	Signature, typed or printed name of registered age intributions on record. 7,500	ont and title if applicable.  - 10. Amount of C in FLORIDA	NOTE: Registered Agent signature requestions to date. 7,500	11: MAKE CHECK SEE REVERS	C-PAYABLE-TO-DEPT: OF STATE E SIDE FOR FEE INFORMATION S OFFICE.
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W. Langston Holland, General Partner 14/13/01 727-327-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

SIGNATURE: