


**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000073</b>						<b>Apr 12, 2007 08:00 A</b> <b>Secretary of State</b>	
1. Entity Name <b>HELLINGER PROPERTIES, LTD.</b>							
Principal Place of Business <b>1849 WYCLIFF DRIVE ORLANDO, FL 32803</b>			Mailing Address <b>1849 WYCLIFF DRIVE ORLANDO, FL 32803</b>				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SHUFFIELD, W. CHARLES SUITE 1700 GATEWAY CENTER 1000 LEGION PLACE ORLANDO, FL 32801</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	
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>							
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</b>							
<b>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.</b>							
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>			
DOCUMENT #		<b>HELLINGER MANAGEMENT, INC. 1849 WYCLIFF DRIVE ORLANDO, FL 32803</b>		STREET ADDRESS			
NAME				CITY-ST-ZIP			
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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NAME				CITY-ST-ZIP			
CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Frank R. Hellinger</b>				4/2/07 404-896-3304			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>			