

FILED Apr 26, 2006 08:00 AN Secretary of State

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1. Entity Name HARRCO, LIMITED PARTNERSHIP

Principal Place of Business VILLA VIZCAYA PLACE DELRAY BEACH, FL 33446 Mailing Address VILLA VIZCAYA PLACE DELRAY BEACH, FL 33446



DO NOT WRITE IN THIS SPACE

04172006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3695643

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, HARRIS A

DO NOT WRITE

	BEACH, FL 33446	IN THIS SPACE				
	named entity submits this statement for the purpose of changing its regions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE	Signature, typed or printed name of registered agent and site if applicable.	### 1 200mm 2 200mm				
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	00 US/08/06-80064-004 500.00				
	NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION ROSS, HARRIS A VILLA VIZCAYA PLACE DELRAY BEACH, FL 33446					
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP						
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP						
DOCUMENT # NAME STREET ADDRESS						

14. I hereby certify that the information supplied with this filling 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 regained by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TO ED ON PRIVATED NAME OF SIGNING BENERAL PARTNER

Date

Daytime Phone #