

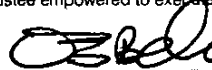


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 8:54

DOCUMENT # A01000000496				SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name GARMET, LTD.		06 APR 24 AM 8: 54			
Principal Place of Business 222 SOUTH PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789		Mailing Address P.O. BOX 2146 WINTER PARK, FL 32790			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072006 Chg-LP CR2E003 (11/05)	
City & State		City & State		4. FEI Number 59-3711608	
Zip		Country		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	
SALTSMAN, ROBERT P 222 SOUTH PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789				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>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 #	P97000012208		STREET ADDRESS		
NAME	WELBOURNE AVE. CORP.		CITY-ST-ZIP		
STREET ADDRESS	222 SOUTH PENNSYLVANIA AVE., SUITE 200				
CITY-ST-ZIP	WINTER PARK, FL 32789				
DOCUMENT #			STREET ADDRESS	300074079323	
NAME			CITY-ST-ZIP	05705706--01047--005 ***500.00	
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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:  Daniel B Bellows VP of GP 4-8-06 407-644-3151					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					