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	PLEASE READ	AL-UNSTRU	CTONS BEFOR	COMPLETING THIS	S FORM.	
LIMITE PARTNE IS REINSTATE		1 / 1 . /	ARTM INT OF ST elary of State of corporations	1 1 2 2 2	TLED	
DOCUMENT # A0100000932				04 JUN .secre	O4 JUN 22 PM 1: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	armersinp STMENTSエエス , レレレ	_P		TALLAP	2000	
2. Principal Office Add				4. Date Formed or Register To Do Business in Florida		
Suite, Apt. #, etc.	d	Suite, Apt. #, etc.		<b>5.</b> FEI Number 59-3730160	Applied For Not Applicable	
City & State PONTE VED	PRA BEACH, FL	City & State PONTE VE	EDRA BEACH, F		ioi a dettinicate oi otatus	
<sup>Zip</sup> 32082	Country US	zip 32082	Country	7a. Capital Contributions as  7b. Amount of Capital Contri	835,055.15	
8. Name and Address of Current Registered Agent 835,055.15						
SEAY, LYNN E.  Street Address (P.O. Box Number is Not Acceptable)  FEES:  1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entering in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.						
540 RUTLIE DRIVE				for <u>each year due</u> this office  2.) Supplemental Fee(s): \$88.7 with 1992 calendar year.	: '5 for <u>each year due</u> this office, beginning	
Suite, Apt. #, Etc.	/EDRA REΔCH		ate Zip Code	Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate		
PONTE VEDRA BEACH  FL 32082  32082  And appropriate filing fee.  9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered						
agent. I am tamiliar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE 5-25-04						
A GENERAI	PARTNER THAT I	S A CORPOR	RATION, LIMITED	PARTNERSHIP OR OT VE WITH THIS OFFICE.	HER BUSINESS ENTITY	
<b>10.</b> Name(s) of	General Partner(s)	Address	of Each General Partner Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number	
EVANS FAM		540 RUTL	IE DRIVE	PONTE VEDRA BEACH, FL 32082	P0100067690	
	# # # # # # # # # # # # # # # # # # #			200038 06/21/04010	3142642 193103 **2061.25	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.						
SIGNATURE	mo E Skay, O	Mrs. Evas	es Family I	mes men 15 DAT	5-25-04	
Typed or Printed Name of General Partner Signing Form						

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