


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:15

DOCUMENT # A01000001326						06 APR -7 AM 9:15	
1. Entity Name EARL M. LOVELACE, SR. AND BEATRICE LOVELACE FAMILY LIMITED PARTNERSHIP							
Principal Place of Business 7911 HARNEY ROAD TAMPA, FL 33637				Mailing Address 7911 HARNEY ROAD TAMPA, FL 33637			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
				4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				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			
HOBBS, ROBERT S 3719 SWANN AVENUE TAMPA, FL 33609				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 #	LOVELACE, BEATRICE 7911 HARNEY ROAD TAMPA, FL 33637			STREET ADDRESS	600072412546 04/27/06--01041--002 **\$00.00		
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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: <i>Beatrice Lovelace</i>				3/6/06 813-879-8333			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			