

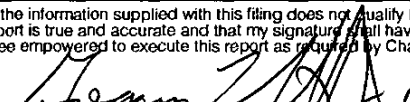


FILED
2005 MAY -3 PM 3: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # A01000001390 | |  | | 2005 MAY -3 PM 3: 00 | |
| 1. Entity Name FLOWERWOOD I LIMITED PARTNERSHIP | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| Principal Place of Business 15315 KELLY ROAD LOXLEY, AL 36551 | | Mailing Address P.O. BOX 7 LOXLEY, AL 36551 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04292005 Chg-LP CR2E003 (10/03) | |
| City & State | | City & State | | 4. FEI Number 60-0002088 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent REINHARDT, ERIC C 13340 WEST COLONIAL DRIVE, SUITE 220 WINTER GARDEN, FL 34787 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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> | | | | | |
| 9. Capital Contributions as Shown on record. \$80,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. \$8,000.00 | | | |
| 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 # | SMITH, GREGORY L JR. P.O. BOX 665 LOXLEY, AL 36551 | STREET ADDRESS | | | |
| NAME | | CITY-ST-ZIP | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | STREET ADDRESS | | | |
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| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | Date 4/28/05 Daytime Phone # 2059645122 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | | |