


**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000001673</b>			
<b>1. Entity Name</b> CLOSSHEY FAMILY LIMITED PARTNERSHIP		<b>Secretary of State</b>	
<b>Principal Place of Business</b> 2111 N. GOLFVIEW DRIVE PLANT CITY, FL 33567		<b>Mailing Address</b> 2111 N. GOLFVIEW DRIVE PLANT CITY, FL 33567	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b> 59-3220348		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
GOLD, AARON J ESQ. 704 WEST BAY STREET TAMPA, FL 33606-2706		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <b>DATE</b> _____			
<b>9. Capital Contributions as Shown on record.</b> \$2,774,201.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 666,416 <b>Fee</b> \$526.25	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP	P01000120182 CLOSSHEY ENTERPRISES, INC. 2111 N. GOLFVIEW DRIVE PLANT CITY, FL 33566	<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	1000000196732 01/26/05-80081-020 526.25
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<b>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</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		1/20/05 813 719-0201 <small>Date Paid fee Phone #</small>	