2005 LIMITED PARTNERSHIP AT Due By May 1, 2005

SECRETARY OF STATE DIVISION OF CORPORATIONS

Daytime Phone #

DOCUMENT # A0200000694 1. Entity Name THE MARY H. HAMILTON FAMILY LIMITED PARTNERSHIP					05 MAY 13 AM 9: 07			
Principal Place of Business SUITE F-520 8912 PINNACLE PEAK DRIVE SCOTTSDALE, AR 85255		Mailing Address SUITE F-520 8912 PINNACLE PE SCOTTSDALE, AR 8						TXXX
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					1911 1911 11911 11 181 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03292005	Chg-LP	CR2E003	3 (10/03)
City & State		City & State	City & State_		-4. FEI Number 03-04600	46	-	Applied For Not Applicable
Zìp	Country	Zip	Country		5. Certificate of	Status Desired		3.75 Additional e Required
6.	lame and Address of Curr	ent Registered Agent		Name	7. Name and Ac	dress of New P	legistered Ag	ent
KNIGHT, NEAL W JR. ALLEY, MAASS ET AL. 321 ROYAL POINCIANA PLAZA, SOUTH PALM BEACH, FL 33480				Street Address (P.O. Box Number is Not Acceptable)				
		-		City			FL	Zip Code
the obligations of	typed or printed name of registered a	get and tile purpose of changing 10. Amount of Ce in FLORIDA	apital Contributi		red agent, or both, i	in the State of Fig	orida. I am far	nitiar with, and accept
	A GENERAL PARTNE	R THAT IS A BUSINESS MAY NOT be changed o	ENTITY MUS					
12.		NER INFORMATION	13.			ADDRESS CH	ANGES ONLY	G1.
1				STREET ADDRESS 321 ROYAL POINCIANA PLAZA, SOUTH				
1	PINNACLE PEAK DRIV ITSDALE, AR 85255	E, SUITE F-520	CITY-ST	-ZIP PALM	f BEACH, FL 33480-0431			
DOCUMENT / NAME			STREET A	ADDRESS	801 06/14/0	0056: S005	1539 012	108 **437.50
STREET ADDRESS CITY-ST-ZIP			CITY-ST	-ZIP		105 <u>6</u>		
DOCUMENT # NAME			STREET /	ADDRESS				***************************************
STREET ADDRESS CITY-ST-ZIP			CITY-ST	-ZIP				
DOCUMENT # NAME			STREET	ADORESS				
STREET ADDRESS CITY-ST-ZIP DOGLIMENT #	· · · · · · · · · · · · · · · · · · ·		CITY-ST	- ZIP				
DOSUMENT # NAME STREET ADDRESS— CITY-ST-ZIP DOCUMENT # NAME			STREET	ADDRESS		······		
CITY-SI-ZIP	`£	•	. CITY-ST	-ZIP				
NAME STREET ADDRESS			STREET	ADDRESS	<u> </u>	, U. F		<u> </u>
CITY-ST-ZIP			CITY-ST		-			
Indicated on this	report is true and accurate ustee empowered to execut	with this filing does not qualify and that my signature shall he this report as required by C	ave the same le Chapter 620, Flo	egal effect as if r	ection 119.07(3)(i), nade under oath; th	Florida Statutes. lat I am a Gener	Trurther certify al Partner of th	y mat the information e limited partnership c

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