

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 22 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A02000001498**

**DOCUMENT #**

1. Name of Limited Partnership  
DOCUMENT # A02000001498

1. Name of Limited Partnership  
*MOLO ENTERPRISES OF NEFL*  
MOLO ENTERPRISES OF NORTH EAST FLORIDA,  
LIMITED PARTNERSHIP, LLLP

2. Principal Office Address  
102 COMMERCIAL AVENUE  
EAST PALATKA, FL 32131  
USA

**RENEW STATEMENT 2003**

4. Date Formed or Registered To Do Business in Florida  
*Nov 12 2002*

5. FEI Number  
*11-3669927*

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:  
*1,450,000.00*

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent  
Name: *Watson, Todd ETAL*  
Street Address (P.O. Box Number is Not Acceptable):  
*7785 Baymeadows Way Ste 107*  
City: *Jacksonville* State: **FL** Zip Code: *32256*

**FEES:**  
1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$500 penalty fee for each year report form is due.  
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate 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 familiar with, and accept the obligations of section 620.192, Florida Statutes.  
SIGNATURE (Registered Agent Accepting Appointment) *Todd Watson* DATE *10/20/03*

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
LINDA O'CARROLL	102 COMMERCIAL AVE.	E. PALATKA, FL 32131	
MAURICE O'CARROLL	102 COMMERCIAL AVE.	E. PALATKA, FL 32131	

000024022200  
10/22/03--01053--017 \*\*1026.25

**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 690, Florida Statutes.

SIGNATURE *Linda O'Carroll* DATE *10/17/03*  
Typed or Printed Name of General Partner Signing Form *LINDA O'CARROLL* Telephone Number *904/692-2314*

CR2E039 (9/03)