STAPLE CHECK HERE

SIGNATURE: _

DUE BY MAY 1, 2005				
DOCUMENT # A0300000879 1. Entity Name				FIĽ E D
BRUDNICKI FAMILY LIMITED PARTNERSHIP				05 APR 19 PH 1:12
Principal Plac	e of Business	Mailing Address	1	1 75° 43
2720 TRAC' PANAMA C	Y LANE ITY FL 32405	2720 TRACY LANE PANAMA CITY FL 32405		SECRETARY OF STATE TALLAHASSEE FLORIDA
322 South Bonita 322		3. Mailing Address 322 South Ben Suite, Apt. #, etc.	AA Ave	1ST MOORE CR2E003 (10/04)
Cit. 8 Cup.				
City State A North Country Zip Country Zip		Zip Cour	E/	4. FEI Number 20-0026921 Applied For Not Applicable \$8,75 Additional
32401 USA 32401 U			5 A	Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
BRUDNICKI, GREGORY M			Street_Address (P.O. Box Number is Not (Sceptable)
2720 TRACY LANE PANAMA CITY FL 32405			122	South Bon. +AAVE
			City D	C 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 Signature, types of first name of registered agent and tills 4 applicable DATE 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.				
9. Capital Contributions as Shown on record. \$10,000,000.00 as Shown on record.				
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 12. GENERAL PARTNER INFORMATION 13.				nt must be filed to change a general partner. ADDRESS CHANGES ONLY
DOCUMENT #	22/12/1/2/4 22/2/2/4	STR	EET ADDRESS -	777 50.41 B 1 000
NAME STREET ADDRESS	BRUDNICKI, GREGORY M 2720 TRACY LANE		Y-SI-7IP	722 South Bon to Ave
CITY - ST - ZIP	PANAMA CITY FL 32405	- Cit	P	+NAMA C.ty, F 32401
DOCUMENT # NAME	BRUDNICKI, EVELYN L 2720 TRACY LANE		EET ADDRESS	22 South Bonith Ave
STREET ADDRESS CITY-ST-ZIP			Y-ST-ZIP	AWAMA C. ty F1 32401
DOCUMENT #		A15	EFT ANDRESS	
STREET ADDRESS CITY-ST-ZIP		CII	Y-SI-ZIP	
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STREET ADDRESS CITY-ST-ZIP		. сп	Y-SI-ZIP	900054022859 05/06/0501087004 **526.25
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STREET ADDRESS CITY-ST-ZIP		. CITY	Y-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				

Date

Daytime Phone #