Due By May 1, 2005

May 11, 2005 08:00 AM Secretary of State **DOCUMENT # A03000000937** TRAN ENTERPRISES LIMITED PARTNERSHIP Principal Place of Business Mailing Address 408 COLORADO AVE. 408 COLORADO AVE. LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 Chg-LP CR2E003 (10/03) Applied For 4. FEI Number City & State City & State 59-3556924 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARE, DIANE C CPA Street Address (P.O. Box Number is Not Acceptable) 2589 JENKS AVE PANAMA CITY, FL 32405 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, typed or printed name of registered agent and title if applicable. DATE 11. Amount Due 10. Amount of Capital Contributions 9. Capital Contributions as Shown on record. \$146,000.00 46pooq in FLORIDA to date. \$ 535.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P98000108173 DOCUMENT # STREET ADDRESS NAME TRAN, INC. STREET ADDRESS 408 COLORADO AVE. CITY-ST-ZIP CITY-ST-218 LYNN HAVEN, FL 32444 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY- ST- ZIP Unnon0365866 CITY-ST-ZIP US/11/05-80019-018 535.60 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STAPLE CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this fiting 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-30-03

850-271-153

FILED