

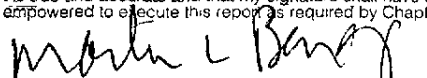


FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000001219				Secretary of State	
1. Entity Name RED EGG, LTD.					
Principal Place of Business 1988 TOM MORRIS DRIVE SARASOTA, FL 34240		Mailing Address 1988 TOM MORRIS DRIVE SARASOTA, FL 34240			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 20-0175523	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEGGS, MARTIN L 1988 TOM MORRIS DRIVE SARASOTA, FL 34240			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P O Box Number is Not Acceptable)		
			City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>					
DATE _____					
9. Capital Contributions as Shown on record. \$200,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$196,596		# 52625	
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P03000091259	STREET ADDRESS			
NAME	ALEXLIZCHRIS, INC.	CITY-ST-ZIP			
STREET ADDRESS	1988 TOM MORRIS DRIVE				
CITY-ST-ZIP	SARASOTA, FL 34240				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
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NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-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					
SIGNATURE: 		3-26-05		343-0955	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	