CITY-ST-ZIP

FILED 0 AM te

| Due By May 1, 2007 | | | Mar 19, 2007 08:00 | |
|---|---|-------------------------------|--|---|
| DOCUMENT # A030 1. Entity Name THE FEN, L.L.L.P. | 00001810 | | S | Secretary of Sta |
| Principal Place of Business 4781 WILLIAMS ROAD TALLAHASSEE, FL 32311 | Mailing Address 4781 WILLIAMS ROAD TALLAHASSEE, FL 32311 | | | R MAHILADIA: ISBA IAIDI IBIL MALINI BI IBBI |
| DO NOT WRITE IN THIS SPAC | | | 03162007 No Chg-LP 4. FEI Number 20-0790606 5. Certificate of Status Desired | CR2E003 (12/06) Applied For Not Applicable \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent WILLIAMS, LINDA M 4781 WILLIAMS ROAD TALLAHASSEE, FL 32311 | | | DO NOT W IN THIS SF | PACE |
| The above named entity submits this set the obligations of registered agent. SIGNATURE Signature, typed or printed name of recommendations. Signature, typed or printed name of recommendations. | tatement for the purpose of changing its registe Mulums gistered afort and the it applicable. | | red agent, or both, in the State of Fic | orida. I am familiar with, and accept 3/16/2007 |
| After | ILE NOW!!! FEE IS \$500.00 May 1, 2007, Fee will be \$900.00 ATINER THAT IS A BUSINESS ENTITY I | dist be becie | FEDER AND ACTIVE WITH TH | IIS OEEICE |
| NOTE: General Pa | rtners MAY NOT be changed on the form | | | |
| DOCUMENT # WILLIAMS, JOHN L STREET ADDRESS 4781 WILLIAMS ROAD CITY-ST-ZIP TALLAHASSEE, FL 32 DOCUMENT # WILLIAMS, LINDA M STREET ADDRESS 4781 WILLIAMS ROAD | 311 | | U0000 03/29/07 | 0673046 -80010-017 500.00 |
| DOCUMENT / | 311 | DO NOT WRITE IN THIS SPACE | | |
| NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF EMPIRED HAVE OF EXPLANT REPORTS.