

FILED
Feb 02, 2005 08:00 AM
Secretary of State

| DOCUMENT # A04000000641 | | | | Feb 02, 2005 08:00 AM | |
|---|--|--|--|-----------------------|--|
| 1. Entity Name BRONZE/MAXAMILLION, LP | | | | Secretary of State | |
| Principal Place of Business 180 POINCIANA BLVD., STE. 4 DESTIN, FL 32550 | | Mailing Address 180 POINCIANA BLVD., STE. 4 DESTIN, FL 32550 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Country | |
| Zip | | Country | | Country | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | | |
| NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301 | | 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 _____ DATE _____ | | | | | |
| Signature, typed or printed name of registered agent and title if applicable | | | | | |
| 9. Capital Contributions as Shown on record. \$1,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | | | |
| 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 # F94000003912 NAME BRONZE HOLDINGS, INC. STREET ADDRESS 1853 PIEDMONT RD., TERRACE LEVEL CITY-ST-ZIP MARIETTA, GA 30056 | | STREET ADDRESS | | | |
| | | CITY-ST-ZIP | | | |
| | | 02/02/05-80014-027 141.25 | | | |
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| | | 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: _____ DATE: 1/26/05 856-837-2337 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | | |