



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR -7 AM 10:16

<b>DOCUMENT # A05000002194</b>				<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</b> <b>06 APR -7 AM 10:16</b>	
1. Entity Name <b>JUDITH M. NICKELSON LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>1701 HIGHWAY A-1-A, SUITE 218 VERO BEACH, FL 32963</b>		Mailing Address <b>1701 HIGHWAY A-1-A, SUITE 218 VERO BEACH, FL 32963</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03202006 Chg-LP CR2E003 (11/05)	
City & State		City & State		4. FEI Number <b>77-0635326</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WILSON, NAOMI 1701 HIGHWAY A-1-A, SUITE 218 VERO BEACH, FL 32963</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 <u>Naomi Wilson - NAOMI WILSON</u> <span style="float: right;">3-28-06</span> <small>Signature, typed or printed name of registered agent and title if applicable.</small> <span style="float: right;">DATE</span>					
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00</b>					
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NICKELSON, JUDITH M		STREET ADDRESS		
NAME	1701 HIGHWAY A-1-A, SUITE 218		CITY-ST-ZIP		
STREET ADDRESS	VERO BEACH, FL 32963				
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	<b>800071641248</b>	
STREET ADDRESS				<b>04/24/06--01064--003 **500.00</b>	
CITY-ST-ZIP					
DOCUMENT #			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 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: <u>Judith M. Nickelson</u> <b>JUDITH M. NICKELSON</b> <b>3-26-06</b> <b>772-231-3958</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <span style="float: right;">Date Daytime Phone #</span>					