## 000000474

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
(Document Number)
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Codifical Continue of Continue
Certified Copies Certificates of Status
- Application
Special Instructions to Filing Officer:
I work form
(20)
balance du (1750)

Office Use Only





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07/11/06--01004--028 \*\*35.00

08/02/06--01004--009 \*\*17.50

## COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: KI	ingdom First Investments, LP
	(Name of Corporation)
DOCUMENT NUMBER: A06000	000474
The enclosed Statement of Change of F	Registered Office/Agent and fee are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
	Lewis Culbreath
	(Name of Contact Person)
К	ingdom First Investments, LP
<del></del>	(Firm/Company)
•	1931 SE 52 Street
	(Address)
	Ocala, FL 34480
	(City/State and Zip Code)
For further information concerning this	s matter, please call:
Lewis Culbreath	at ( 352 ) 620-8862 (Area Code & Daytime Telephone Number)
(Name of Contact Person	on) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payal	ble to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 13, 2006

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LEWIS CULBREATH 1931 SE 52 STREET OCALA, FL 34480

SUBJECT: KINGDOM FIRST INVESTMENTS LP

Ref. Number: A06000000474

We have received your document for KINGDOM FIRST INVESTMENTS LP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

There is a balance due of \$17.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 106A00045174

Leslie Sellers Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited

partnership or limited liability limited partnership submits the following statement in order to
change its registered office or registered agent, or both, in the state of Florida.
1. Kingdom First Investments, CP Narke of Limited Partnership or Limited Liability Limited Partnership
2. 4/4/2006 3. AOG 000 000 474
Date of filing/registration in Florida Florida document number
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Lewis Culorealn
1.3020 NE 7 LOOP
Address
Silver Sorings, 72 34988 City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:  Lewis Culoreath  Name
1931: 5E 52 Street Florida street address (P.O. Box not acceptable)
City, State and Zip FL 34480
6. Such change(s) is/are effective when filed by the Florida Department of State.
Signature of General Partner
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50