

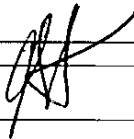


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TALLAHASSEE, FLORIDA

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<b>DOCUMENT # A06000000719</b>				<b>FILED</b>	
1. Entity Name <b>A 4 L ENTERPRISES, LTD.</b>				2007 APR 30 AM 10:15	
Principal Place of Business 1106 NORTH FRANKLIN STREET TAMPA, FL 33602		Mailing Address 1106 NORTH FRANKLIN STREET TAMPA, FL 33602		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032007 Chg-LP CR2E003 (12/06)	
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRIDA, LUCIANO JR 1106 NORTH FRANKLIN STREET TAMPA, FL 33602				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>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 #	PRIDA, LUCIANO JR 1106 NORTH FRANKLIN STREET TAMPA, FL 33602			STREET ADDRESS	
NAME					
CITY - ST - ZIP					
DOCUMENT #	PRIDA, LINDA A 1106 NORTH FRANKLIN STREET TAMPA, FL 33602			STREET ADDRESS	100101852871 05/08/07--01040--011 **500.00
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date Daytime Phone #</small>					