

Due by May 1, 2007

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # A06000000749

1. Entity Name
DECKER H.I.O. L.L.P.



Principal Place of Business
12330 S.E. DIXIE HIGHWAY
HOBE SOUND, FL 33455

Mailing Address
12330 S.E. DIXIE HIGHWAY
HOBE SOUND, FL 33455



01192007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3628249

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DECKER, GERALD R
12330 S.E. DIXIE HIGHWAY
HOBE SOUND, FL 33455

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DECKER, GERALD A
109 COMMODORE DRIVE
JUPIER, FL 33477

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DECKER, DEE ANN
109 COMMODORE DRIVE
JUPIER, FL 33477

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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01/31/07-00001-001 500.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

DO NOT WRITE HERE