FILER

| AL REPORT | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
|-----------|--|--|--|--|
| | 08 MAY -1 PM 1:28 | | | |
| | AL REPORT | | | |

| 1. Entity Name DEPUGH FAMILY LIMITED PARTNERSHIP | | | | | | • | 1. 20 | |
|--|---|--|------------------|-----------------------|---|-----------------------|------------------|-----------------------------|
| Principal Plac | ce of Business | Mailing Address | | | ĺ | | | |
| | CIRCLE NORTH BURG, FL 33713 | 2164 15TH CIRCLE NO St. Petersburg, Fl | | | | | | |
| 2. Principal I | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | | 01062008 | Chg-LP | CR2E00 | 3 (12/06) |
| City & Sta | ite | City & State | | | 4. FEI Number | 256968 | | Applied For Not Applicable |
| Zip | Country | Zip | Coun | try | 5. Certificate of | Status Desired | | 8.75 Additional |
| | 6. Name and Address of Currer | nt Registered Agent | | | 7. Name and A | Address of New R | egistered Ag | ent |
| BANDED | T CEODOE K | | | Name | ne ———————————————————————————————————— | | | |
| 535 CENT | RAHDERT, GEORGE K 535 CENTRAL AVENUE ST. PETERSBURG, FL 33701 | | Street Address (| P.O. Box Number | is Not Acceptable |) | | |
| | | | | City | | | FL | Zip Code |
| | e named entity submits this statement | for the purpose of changing its | ts registere | ed office or register | red agent, or both | , in the State of Flo | | miliar with, and accept |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered age | nt and little if applicable. | | | | | DATE | |
| | | Will FEE IS \$500.00 2008, Fee will be \$90 | 00.00 | | | | | |
| | A GENERAL PARTNER NOTE: General Partners N | THAT IS A BUSINESS EI | | | nt must be filed | l to change a ge | neral partr | ner. |
| 12. | T | ER INFORMATION | 13. | | - 1 | _ADDRESS_CHA | NGES ONLY | |
| DOCUMENT # | RYDP INVESTMENTS, LLC | | STRE | ET ADORESS | 04 <i>7</i> 3 | 07/08010 | 1 1- -016 | 6:91 **500.00 |
| STREET ADDRESS CITY-ST-ZIP | 1 | | City | -\$1-ZIP | | | | |
| DOCUMENT # NAME | | | SIRE | ET ADORESS | | | | |
| STREET ADDRESS | | | CITY | - S1 - ZIP | <u></u> | | | |
| DOCUMENT # | | | STRE | ET ADDRESS | <u> </u> | | | ···· |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -SI-ZIP | | | | |
| NAME CIDEET ADDRESS | | | STRE | ET ADDRESS | | | | |
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| DOCUMENT / NAME STREET ADDRESS | | | STRE | EET ADDRESS | | | | 11 mag |
| CITY-ST-ZIP | | | CITY | -S1-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #