

DOCUMENT # **A07317**  
 1. Entity Name  
**CARRAWAY, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 MAR 13 AM 10:03

Principal Place of Business Mailing Address  
 1704 THOMASVILLE ROAD. # 119 1704 THOMASVILLE ROAD. # 119  
 TALLAHASSEE FL 32303 TALLAHASSEE FL 32358-1792



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-1889855** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent -  
**CARRAWAY, F.W., JR.**  
**1704 THOMASVILLE ROAD**  
**TALLAHASSEE, FL FL 32308**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**233 Rio Vista Dr**  
 City **Sopchoppy** FL Zip Code **32358**

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.

SIGNATURE *[Signature]* DATE 3/6/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$500.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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.**

2. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	<b>CARRAWAY, F.W. JR</b>
STREET ADDRESS	<b>1704 THOMASVILLE ROAD, # 119</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32303</b>
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>233 Rio Vista Drive</b>
CITY - ST - ZIP	<b>Sopchoppy, FL 32358</b>
STREET ADDRESS	
CITY - ST - ZIP	<i>ny 3/21/00</i>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>200003179392--8</b>
CITY - ST - ZIP	<b>-03/22/00--01025--009</b>
STREET ADDRESS	<b>****141.25 ****141.25</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **SIGNATURE REQUIRED** DATE 3/6/00 DAYTIME PHONE # 850-697-3427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR29003 (9/99)