



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 22 AM 10:49

1a. DOCUMENT #
A07570



Spill

RANCH LIMITED

Principal Office Address

800 FOXHOUND DR., RT. 37
DAYTONA BEACH FL 32124

3. Date Formed or Registered
06/01/1979

5a. Capital Contributions as Shown on record.
\$1,400,000.00

3a. Date of Last Report
09/11/1997

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation
FL

6. FEI Number Applied For
58-1438520 Not Applicable

7. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

Sections of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and accept the obligations of section 620.192, Florida Statutes.

(Signature of Agent Accepting Appointment)

DATE

PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
I JR.	800 FOX HOUND DRIVE,	DAYTONA BEACH FL 3212	
H	800 FOX HOUND DRIVE,	DAYTONA BEACH FL 3212	

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CR2E003 (8/98)

Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

The information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee of the limited partnership as required by chapter 620, Florida Statutes.

[Signature]

DATE 12/15/98

General Partner Signing Form

Daytime Telephone Number 904 322 8548