Mulan P. 2013 Mulan P. 2015 Solution Place of Business  2. Principal Place of Business  3. Making Address  Suite. Apt. #. etc.  Chy & State  Chy & S	DOCUMENT # A12760  1. Entity Name  8700 FLAGLER, LTD.							FILED 00 JAN 27 PM 3: 25	
Surke Apt. #, etc.    Surke Apt. #, etc.   CO NOT WRITE IN THIS SPACE	C/O THE ALLEN MORRIS COMPANY C/O THE ALLEN MORRIS C 1000 BRICKELL AVENUE. SUITE 300 1000 BRICKELL AVENUE. SU							SECRETARY OF STATE TALLAHASSEE, FLORIDA	
City & States    City & States	2. Principal Place of Business 3. Mailing Addr						· = · · ·	- I FERITATI INCLUSIONI VIOLE CONTROLLINI DI DILI DI DILI BIRILI DI DILI BIRILI DI DILI DI DILI DI	
Zip Country Zip Country 5. Certificate of Status Desired Season S	Suite, Apt.	#, etc.		5	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  MORRIS, W. ALLEN C/O THE ALLEN MORRIS COMPANY 1000 BRICKELL AVE., SUTE 1200 MIAMI FL 33131  City FL Zip Code  Street Address (P.O. Rox Number is Not Acceptable)  City FL Zip Code  The Authority Street Address (P.O. Rox Number is Not Acceptable)  City FL Zip Code  The Authority Street Address (P.O. Rox Number is Not Acceptable)  City FL Zip Code  The Authority Street Address (P.O. Rox Number is Not Acceptable)  City FL Zip Code  The Authority Street Address (P.O. Rox Number is Not Acceptable)  City FL Zip Code  The Authority Street Address (P.O. Rox Number is Not Acceptable)  City FL Zip Code  The Authority Street Address (P.O. Rox Number is Not Acceptable)  City FL Zip Code  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority Street Address (P.O. Rox Number is Not Acceptable)  The Authority	City & State	)			City & State			4. FEI Number 59-2220956 Applied For Not Applicable	
Name  MORRIS, W. ALLEN  C/O THE ALLEN MORRIS COMPANY  1000 BRICKELL AVE., SUITE 1200  MAMI FL 33131  City  FL  Z/p Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, specific organization of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, specific organization of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, specific organization of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, specific organization organization of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, specific organization organization of the purpose of changing its registered agent, or both, in the State of Florida.  In MAKE CHECK PAYABLE TO DEPT, OF STATE IN Florida in State of Florida organization orga	Zip		Country	Z	Zip Country			5. Certificate of Status Desired   \$8.75 Additional Fee Required	
MORRIS, W. ALLEN C/O THE ALLEN MORRIS COMPANY 1000 BRICKELL AVE., SUITE 1200 MIAMI FL 33311  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida.  SIGNATURE  Systems hyped or printer curve of impairs and spell and live it applicable.  OUTE:  Systems hyped or printer curve of impairs and spell and live it applicable.  OUTE:  Systems hyped or printer curve of impairs and spell and live it applicable.  OUTE:  Systems hyped or printer curve of impairs and spell and live it applicable.  OUTE:  Systems hyped or printer curve of impairs and spell and live it applicable.  OUTE:  Systems hyped or printer curve of impairs and spell and live it applicable.  OUTE:  Systems hyped or printer curve of impairs and spell and live it applicable.  OUTE:  Systems hyped or printer curve of impairs and spell and live it is applicable.  OUTE:  Systems hyped or printer curve of impairs and spell and live.  A GENERAL PARTHER THAT IS A BUSINESS ENTITY MUST BE RECISTERED AND ACTIVE THAT THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  OUTE:  OUTH ST JP  INCOMMENT IS A BUSINESS CHANGES ONLY  STREET ADDRESS  OUTY-ST JP  INCOMMENT IS A BUSINESS CHANGES OU	6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent	
SIGNATURE  Signature, typed or printed name of ingitatives agent and title if applicables.  (NOTE: Registered Agent signature recursed when inimitating)  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled to change a general partiner.  GENERAL PARTINER INFORMATION  13.   ADDRESS CHANGES ONLY  P16775  HAMMOND VENTURE, INC. 1000 BRICKELL AVE #300 MIAMI FL  STREET ADDRESS  CITY-ST-2P  1.000.MBRIT    WARE  STREET ADDRESS  CITY-ST-2P  S	C/O THE ALLEN MORRIS COMPANY 1000 BRICKELL AVE., SUITE 1200						Street Address (P.O. Box Number is Not Acceptable)		
A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY  DODUMENT / WAVE  STREET ADDRESS CHANGES ONLY  STREET ADDRESS  CITY- ST- ZP  DODUMENT / WAVE  STREET ADDRESS  CITY- ST- ZP  DODUMENT / WAVE  STREET ADDRESS  CITY- ST- ZP  STREET ADDRESS  CITY- ST- ZP  STREET ADDRESS  CITY- ST- ZP  DODUMENT / WAVE  STREET ADDRESS  CITY- ST- ZP  STREET ADDRESS  CITY- ST- ZP  DODUMENT / WAVE  STREET ADDRESS  CITY- ST- ZP  DODUMENT / WAVE  STREET ADDRESS  CITY- ST- ZP  TITY THIS OFFI ADDRESS  CITY- ST- ZP  CITY- ST- ZP  TITY THIS OFFI ADDRESS  CITY ST- ZP  TITY T	SIGNATURE .	Signature, typed	or printed name of registered agent	and title if	applicable. (NOT	E: Registered	Agent signature requ	uired when reinstating) DATE	
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  GENERAL PARTNER INFORMATION  13.   ADDRESS CHANGES ONLY  13.   ADDRESS CHANGES ONLY  15.   AMMOND VENTURE, INC.	as Shown on record. in FLORIDA to date						UST BE REGI	SEE REVERSE SIDE FOR FEE INFORMATION ISTERED AND ACTIVE WITH THIS OFFICE.	
DOUMENT / WAVE STREET ADDRESS DOUMENT / WAVE DOUMEN		NOTE	: General Partners MA	A NO	T be changed on the	he form	an amendm	ent must be filed to change a general partner.	
STREET ADDRESS  CITY-ST-ZP  DOCUMENT #  WAVE  STREET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  DOCUMENT #  WAVE  STREET ADDRESS  CITY-ST-ZP  DOCUMENT #  WAVE  STREET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  STREET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  STREET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  STREET ADDRESS  CITY-ST-ZP  CITY-ST-	DOCUMENT# NAME STREET ADDRESS	P16775 HAMMOND VENTURE, INC. 1000 BRICKELL AVE #300						1000031191314	
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STREET ADDRESS  CITY-ST-ZIP  COCUMENT #  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  A. 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 informationation does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informationation does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informationation does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informationation does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informationation does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informationation does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption does	NAME STREET ADDRESS								
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STREET ADDRESS CITY-ST-ZIP  14. 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 partners the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  Right 1. C. Description	STREET ADDRESS	ET ADDRESS					-ST-ZIP		
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Davis  Davis  1-21-2006 (205) 358-1000  Daytine Phone #									