
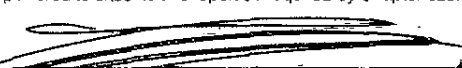


**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A14791</b> 1. Entity Name <b>TREEHOUSE OF JACKSONVILLE, LTD.</b>						<b>Mar 13, 2004 08:00 AM</b> <b>Secretary of State</b>	
Principal Place of Business <b>1357 WEST BEAVER STREET JACKSONVILLE, FL 32203</b>				Mailing Address <b>P. O. BOX 40606 JACKSONVILLE, FL 32203</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>CHUPP, CHARLES O 1357 WEST BEAVER STREET JACKSONVILLE, FL 32203</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. <b>\$30.00</b>				10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #		P97000099957		STREET ADDRESS			
NAME		THJ MANAGEMENT, INC.		CITY - ST - ZIP			
STREET ADDRESS		1357 WEST BEAVER STREET					
CITY - ST - ZIP		JACKSONVILLE, FL 32203					
DOCUMENT #				STREET ADDRESS			
NAME				CITY - ST - ZIP			
STREET ADDRESS							
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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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: 				03/10/04 904-633-6906 Date Daytime Phone #			