

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A15579

1. Entity Name

EBARY LTD.

Principal Place of Business

3111 PACES MILL ROAD, SUITE A-250

C/O HALLMARK GROUP

ATLANTA GA 30339

Mailing Address

3111 PACES MILL ROAD, SUITE A-250

C/O HALLMARK GROUP

ATLANTA GA 30339

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip

Country

4. FEI Number

59-2433080

Applied For

Not Applicable

5. Certificate of Status Desired

1ST MOORE

CR2E003 (10/04)

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SUSAN

HALLMARK GROUP SERVICES OF FLORIDA, LLC

4040 NEWBERRY RD., STE. 1000

GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

DATE

11. FILE NOW!!! Due by May 1, 2005.

See Block 11 instructions for fee info.

9. Capital Contributions

as Shown on record.

\$100.00

10. Amount of Capital Contributions

in FLORIDA to date.

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

M03000001595

NAME

HALLAMRK GROUP SERVICES OF FLORIDA, LLC

STREET ADDRESS

3111 PACES MILL ROAD, SUITE A-250

CITY- ST- ZIP

ATLANTA GA 30339

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

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)(f), 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:

Martin H Petersen

2/2/04

770 984 216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date to Partner