SIGNATURE:

DOCUMENT # A16409				1_		
BRANDYWINE ESTATES, LTD.				FILED		
Principal Place of Business Mailing Address					01 APR 16 PM 12: 1-2	
490 N. HARBO			490 N. HARBOR CITY BLVD.		SECOLATION LA IS. 1.5	
MELBOURNE FL 32935-6866 MELBOURNE FL 32935-6866			6 /		SECRETARY OF STATE	
2. Principal F	Place of Business	3. Mailing Address		. , .	-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number	
Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name		
UNDERILL, H. J.						
490 N. HARBOR CITY BLVD.				Street Address (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32935						
				City FL Zip Code		
8. The above	e named entity submits this statement for statement for signature, typed or printed name of registered agent			ed office or regist Agent signature requir	ered agent, or both, in the State of Florida.	
40. Amount of Control						
as Shown on record. \$351,200.00 in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY				UST BE REGIS	SEE REVERSE SIDE FOR FEE INFORMATION STERED 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 PARTNE	RINFORMATION	13.	<u> </u>	ADDRESS CHANGES ONLY	
NAME	UNDERILL, H. J., III		STRE	EET ADDRESS		
	490 N. HARBOR CITY BLVD. MELBOURNE FL	·	CITY	'-ST-ZIP	900040822190 -04/26/0101103003 ****526,25 *****526.25	
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DOCUMENT # NAME STREET ADDRESS			STRE	EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
indicated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute the	I that my signature shall have t	the same	e legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or	