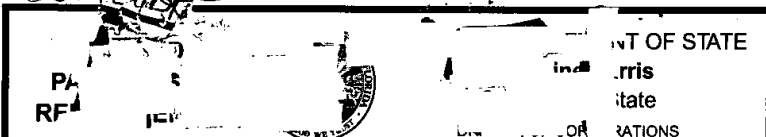


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



DOCUMENT # **A18751**

1. Name of Limited Partnership  
**Lively Sisters, Ltd.**

2. Principal Office Address

**3183 Capital Circle NE**

Suite, Apt. #, etc.

City & State

**Tallahassee FL**

Zip

**32308**

Country

**USA**

3. Mailing Office Address

**3183 Capital Circle NE**

Suite, Apt. #, etc.

City & State

**Tallahassee FL**

Zip

**32308**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**FW Carraway**

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

**233 Rio Vista Drive**

Suite, Apt. #, Etc.

City

**Sopchoppy**

State

**FL**

Zip Code

**32358**

9. Pursuant to the provisions 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 for the purpose of 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. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

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

10. Name(s) of General Partner(s)

**FW Carraway**

**Robin G. Wesson**

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

**233 Rio Vista Dr**

**3183 Capital Circle NE**

City, State and Zip Code

**Sopchoppy, FL  
32358**

**Tallahassee, FL  
32308**

10a. Registration Document Number

**900004742829--8  
-12/28/01--01061--017  
\*\*\*1052.50 \*\*\*1052.50**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual 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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

**Robin G. Wesson**

DATE

**11/26/01**

Typed or Printed Name of General Partner Signing Form

**Robin G. Wesson**

Telephone

**850 531 0673**

FILED  
01 DEC 13 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E039 (11/99)

**LIVELY SISTERS, LTD.  
3183 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308**

202  
FILED

01 DEC 13 PM 5: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 26, 2001

Florida Department of State  
Division of Corporation  
Post Office Box 6327  
Tallahassee, FL 32314

RE: Document Number A18751

To whom it may concern:

I am requesting abatement of the \$500.00 penalty fee. As stated in my letter dated November 16, 2001 we did not receive the forms needed to continue in active status. This was not an intentional act but rather one of oversight.

Sincerely,



Robin G. Wesson  
General Partner