941748 · 8080 Daytime Phone #

2001 UNIFORM BUSINESS REF	ORT	(UBR)
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SIGNATURE: SIGNATURE AND TYPED POPULATION OF SIGNING GENERAL PARTNER

DOCUMENT / NAME   STREET ADDRESS   STR												7.
Principal Place of Business An Imaging Andreas 201-STH AVENUE DRIVE EAST P. O. BOX 1700 P. O. BO			A24065							. 0		ξ. Σ
20 STH AVENUE PRIVE EAST P. O. BOX 1730 BRADENTON FL 34008  2. Principal Place of Business Sulfe, April 4, etc. Su	ZOLLER	& NAJJAR, LTD.					F	ILED		7		'
20 STH AVENUE PRIVE EAST P. O. BOX 1730 BRADENTON FL 34008  2. Principal Place of Business Sulfe, April 4, etc. Su	Principal Place of Business Mailing Address					01 JAN 24 AM 10: 44						
Sulle, Apt. #, etc.  City & State  City & State  Country  Country  Country  Country  Country  Country  Service	201-5TH AVENUE DRIVE EAST 201-5TH AVENUE DRIVE EAST P. O. 80X 1790 P. O. BOX 1790			AST		BJAN ALAU	PIRII BIRII (83)					
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S. Name and Address of Current Registered Agent  HARRISON, THOMAS W 1206 MANATEE AVE WEST BRADENTON FL 34205  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  SIGN	Zip	Country	′	Zip	Coun	itry	5. Certificate of	of Status Desired	₽ \$6	8.75 A	dditional	
HARRISON, THOMAS W 1206 MANATEE AVE WEST BRADENTON FL 34205  City FL Zp Code  City FL Zp Co		6. Name and Addi	ess of Current Regi	stered Agent			7. Name and	Address of New Ro				$\exists$
1206 MANATEE AVE WEST BRADENTON FL 34205  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE Signama, typos or prized name of registered agent, or both, in the State of Florida.  SIGNATURE SIGNATURE Signama, typos or prized name of registered agent, or both, in the State of Florida.  SIGNATURE SIGNATURE 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 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  STREET ADDRESS  ADDRESS CHANGES ONLY  STREET ADDRESS  ANDRESS CHANGES ONLY  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT / MANE  STREET ADDRESS  CITY-ST-ZIP		<del>-</del> ., .	в 📲 .	÷ ÷ ··		Name		-				
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.  SIGNATURE  Speaker, speed or presed name of high stated agent and the Application.  REPORT Registered Apent dephases required when severations.  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  STREET ADDRESS  CITY-ST-2P  DICUMBNT MAKE  NAME STREET ADDRESS  CITY-ST-2P  DICUMBNT MAKE STR						Street Address	s (P.O. Box Number	is Not Acceptable				
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.  SIGNATURE  9. Capital Contributions 88.000 10. Amount of Capital Contributions 88.000 11. Amount of Capital Contributions 88.000 12. Amount of Capital Contributions 88.000 13. Amount of Capital Contributions 88.000 14. Amount of Capital Contributions 88.000 15. Amount of Capital Contributions 88.000 16. Amount of Capital Contributions 88.000 17. Amount of Capital Contributions 88.000 18. Amount of Capital Contributions 88.000 19. Amount of Capital Contributions 89.000 19. Amount of Capital Contributions 19. Capital Co	BRADENTO	ON FL 34205										
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14. Thereby 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 logal affect as if mode under each; that I am a Canada Partner of the limited contracts in					CITY	-ST-ZIP						
the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	indicated	on this report is true an	id accurate and that i	my signature shall have tl	he same	e legal effect as if	Section 119.07(3)(i) made under oath;	, Florida Statutes. I that I am a General	further certify Partner of the	that the limited	information partnership	or