



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 16 AM 9:15

<b>DOCUMENT # A24624</b>				SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name <b>WEWAHITCHKA LTD.</b>		<b>07 JAN 16 AM 9:15</b>			
Principal Place of Business <b>20721 S.W. 46TH AVE. NEWBERRY, FL 32669</b>		Mailing Address <b>3111 PACES MILL RD SUITE A250 ATLANTA, GA 30339</b>			
2. Principal Place of Business - No P.O. Box # <b>126 Amy Circle</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032007 Chg-LP CR2E003 (12/06)	
City & State <b>Newahitchka, FL</b>		City & State		4. FEI Number <b>59-2832927</b>	
Zip <b>32465</b>		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA LLC 4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE, FL 32607</b>		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>					
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</b>					
<b>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.</b>					
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>DAVIS, NORITA V 20721 SW 46TH AVE NEWBERRY, FL 32669</b>	STREET ADDRESS			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<b>100085024021 01/18/07--01042--005 ***508.75</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Luxon Adams, Registered Agent</b>		<b>1-12-07 352-224-2051</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #			