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Name and Address of New Registered Agent Name	Zip Country			Zip Count		try	5 Certificate of Status Desired \$8.75 Additional			
KARVE, NANDKUMAR R. 2091 S.W. 55TH ST. RD. OCALA FL 33447-4 City FL Zip Code		6. Name and Address of	Current Regist	ered Agent		· -	7. Name and A	Address of New Registe		
2091 S.W. 55TH ST. RD. OCAIA FI. 33447-4 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. SIGNATURE Signature, toped or printed name or registered agent and this is applicable. PACT Registered Agent digrature received agent or both, in the State of Florida. SIGNATURE Signature, toped or printed name or registered agent or both, in the State of Florida. DATE 1. MARK CHECK PAYABLE TO DEPT. OF STATE SER REVERSES SIDE FOR FEE INFORMATION A GENERAL PARTHER 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 CITY-ST-ZIP DOUBLINET / WARE SIREET ADDRESS CITY-ST-ZIP DOUBLINET / SIREET ADDRESS CITY-ST-ZIP COLLAR FI. SIREET ADDRESS CITY-ST-ZIP COLLAR FI. SIREET ADDRESS CITY-ST-ZIP COLLAR FI. SIREET ADDRESS CITY-ST-ZIP CITY-						Name				
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 9. Capital Contributions as Shown on necord. 9. Capital Contributions as Shown on necord. 10. Amount of Capital Contributions in FLORIDA to date 500 600 000 11. MARE CHECK PAYABLE TO DEPT OF STATE SER EVERSE SIDE FOR FEE INFORMATION 12. GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS DEFICE. 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 13. ADDRESS CHANGES ONLY 14. CRAFVE, NANDKUMARR R. 2001 S.W. 5STH ST. COLUMBRY AMARE SIREST ADDRESS CITY-ST-2P CITY-ST	·					Street Address	(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 Signature, bysead or private traine of agestered agent and the if applicable. P. Capital Contributions as Shown on record. 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 amentment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME STREET ADDRESS CITY 51-7P COCUMENT / NAME STREET ADDRESS CITY 51-7P COLUMENT / NAME STREET ADDRESS CITY 51-7P CITY 51-7						<u>-</u>				
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14. I hereby 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 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:

SICNAIKIRKOMEGUIRED

3/6/01 352-237-3084

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