DOCUMENT# A25203

A25203

1. Entity Name
Provest Three Limited Partnership

FILED
01 OCT 22 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6 Totman Dr., #6 Woburn, MA 01801	6 Totman Dr., #6 Woburn, MA 01801

2. Principal Place of Business	3. Mailing Address
c/o Daryl Cramer & Assoc., P.A.	c/o Daryl Cramer & Assoc., P.A.
Suite, Apt. #, etc. 515 N. Flagler Dr., Ste. 910	Suite, Apt. #, etc. 515 N. Flagler Dr., Ste. 910
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 042975776 ☐ Applied For ☐ Not Applicable

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
Reebenacker, Eric S. 5381 Burning Tree Circle Stuart, Florida 34997	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$990,000.00	$990,000.00

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.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
Reebenacker, Noel J. 6 Totman Dr., #6 Woburn, MA 01801	
Reebenacker, Doris C. 6 Totman Dr., #6 Woburn, MA 01801	200004691522--3 -11/21/01--01088--003 ****525.00 ****525.00
ADM 400.00	200004691522--3 -11/21/01--01088--004 ****400.00 ****400.00
AR 437.50 ARSUPP 88.75	
COS 8.75 935.00	

CR2E003 (11/00)

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: Noel Reebenacker Noel Reebenacker (407)650-1958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

TOTAL P.02