DOCU	# A2561		FILED						2840 AF		
TASHKEDE PROPERTIES, LTD.					ſ)1	PR 30 PM	12: 23			•
Principal Place of Business Mailing Address					<u>`</u>	CECE	ETARY OF	STATE			
3975 20TH STREET 3975 20TH STREET						2COI	AHASSEE, F	LORIUA			
SUITE J VERO BEACH FL 32960			SUITE J VERO BEACH FL 32960					. 1			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State	tate			4. FEI Number	59-2863458		Applied F Not Appli	
Zip		Country	Zip	Cour	ntry		-5 Certificate o	of Status Desired	□- \$	8.75 Additional e Required	
	6. Name	and Address of Current	Registered Agent		Name		7. Name and	Address of New R	egistered Ag	ent	
ROGERS, T.G. JR.					Street Address (P.O. Box Number is Not Acceptable)						
3975 20TH ST., STE. J					Ollegt Au	idiess (P.O. BOX Namber	13 Not Acceptable	,		
VERO BEACH FL 32960					City					Zip Code	
9. The characteristic appoints this statement for the assessment of the characteristics.					FE						
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, typed	or printed name of registered agent	and title if applicable. (NOT	:: Registere	d Agent signatur	e required	when reinstating)		DATE		-
9. Capital Contributions as Shown on record. \$7,615,814.00 In FLORIDA to caste								SEE REVER	SE SIDE FOR	O DEPT. OF STATI FEE INFORMATIO	4 1
A GENERAL PARTNER THAT IS A BUSINESS EN TITY 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							ADDRESS CHA	ANGES ONLY		
	ROGERS,	T.G., JR. STREET SUITE J			EET ADDRESS						E003 (11/00)
CITY-ST-ZIP	VERO BEA			CITY	-ST-ZIP						
NAME				STAL	EET ADORESS						
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		<u> </u>				*
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STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP						
14. I hereby certify that the information supplied with this filing does not qualify fo 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 he 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 Chap er 620, Florida Statutes											
SIGNATURE: SIGNATURE AND DOSEDOR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayling Phone #											