

204 AF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 PM 1:59



DO NOT WRITE IN THIS SPACE

DOCUMENT # A26228

1. Entity Name

BUDDYFREDDYS PLANT CITY, LTD.

Principal Place of Business	Mailing Address
505 E. JACKSON ST., STE. 202 TAMPA FL 33602	505 E. JACKSON ST., STE. 202 TAMPA FL 33602

2. Principal Place of Business	3. Mailing Address
3111 W. Dr. M.L. King Blvd. Suite 100 Tampa, FL 33607 US	3111 W. Dr. M.L. King Blvd. Suite 100 Tampa, FL 33607 US

4. FEI Number	59-2882299	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, PHILLIP E
505 E. JACKSON ST., STE. 202
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3111 W. Dr. M.L. King Blvd
Suite 100
Tampa, FL 33607

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$650,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	JOHNSON, PHILLIP E.	STREET ADDRESS	3111 W. DR. M.L. KING BLVD #100
NAME	505 E. JACKSON ST., STE. 202	CITY-ST-ZIP	TAMPA, FL 33607
STREET ADDRESS	TAMPA FL 33602		
CITY-ST-ZIP		STREET ADDRESS	5000003508925-4
		CITY-ST-ZIP	-12/20/00--01059--003
			****526.25 ****526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: [Signature] **SIGNATURE REQUIRED** 12/15/00 813/763-5881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)

BLT