FILED Jan 29, 2007 08:00 AM Secretary of State

| Due by May 1, 2007 | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # A274 1. Entity Name MYERS & OWEN LIMITED | | | | | |
| Principal Place of Business 532 S ECON CIRCLE SUITE 160 OVIEDO, FL 32765 | Mailing Address 532 S ECON CIRCLE SUITE 160 OVIEDO, FL 32765 | | | | |
| | *** | | | | |



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|--|--|--|--|--|--|
| | | | 4. FEI Number 59-2901660 | Applied For Not Applicable | |
| | a to the contract of the contr | | | \$8.75 Additional | |
| | | | Certificate of Status Desired | Fee Required | |
| | 6. Name and Address of Current Registered Agent | | | | |
| OWEN DO | OCER E | St. Mary rates. 4 | and the state who will be the | | |
| OWEN, ROGER E 532 S ECON CIRCLE | | rain in in in | DO NOI WRIT | | |
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| | named entity submits this statement for the purpose of changing | its registered office or register | red agent, or both, in the State of Florida. I ar | m familiar with, and accept | |
| the obligat | ions of registered agent. | | | | |
| SIGNATURE : | | | | | |
| | Signature, typed or printed name of registered agent and title if applicable. | | DATE | | |
| | FILE NOW!!! FEE 18 \$500.00 | | | | |
| | After May 1, 2007, Fee will be \$9 | | | - | |
| 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 | Paris No. 10 | a New Fred & Co. W. | 7.74 BY 475.5 C. | |
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| NAME | OWEN, ROGER E. | the state of the second | i i i i i i i i i i i i i i i i i i i | :SAR | |
| STREET ADDRESS CITY-ST-ZIP | 532 S ECON CIRCLE, SUITE 160 | Secretary Section | 01/31/07-80 | 003-021 500.00 | |
| | OVIEDO, FL 32765 | _ | was to a subject the same of t | Berthall Harris | |
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| NAME | | | | | |
| STREET ADDRESS | | · · · · · · · · · · · · · · · · · · · | | | |
| CITY-ST-ZIP | | Salving with and | an mile Delicate to the Same See | the two selections in the | |
| 14. I hereby certify that the information supplied with this filling 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 management is true and accurate an accurate an accurate an accurate an accurate accurate an accurate accurate an accurate accur | | | | | |

STAPLE CHECK HERE