


FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # A27809					
1. Entity Name FFLP, LTD.					
Principal Place of Business P. O. BOX 2973 PALM BEACH, FL 33480		Mailing Address P. O. BOX 2973 PALM BEACH, FL 33480			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0179685	
				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				7. Name and Address of New Registered Agent	
HERON, J E 232 AUSTRALIAN AVE. PALM BEACH, FL 33480				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$100,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$500.00			
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	
DOCUMENT #	K45946	STREET ADDRESS			
NAME	FLP INVESTMENT CORP.	CITY-ST-ZIP		000000156827	
STREET ADDRESS	232 AUSTRALIAN AVE., STE. 2			05/06/04-80006-005 141.25	
CITY-ST-ZIP	PALM BEACH, FL 33480				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
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: <i>[Signature]</i> BY THE GENERAL PARTNER FLP Investment Corp. J.E. Heron As President 4-1504 561-619-3060 W.M. Heron					