<b>2000</b>	MENT # A930	0000027	4			
1. Entity Name					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
SYLVITE SOUTHEAST, LTD.					DIVISION OF CORPORATIONS	
	The first supersystem is being	· · · · · · · · · · · · · · · · · · ·		00 40D 21 68 2. 0F		
Principal Place of Business  202 LAKE MIRIAM DR., SUTIE E-7  LAKELAND FL 33813  Mailing Address P.O. BOX 6240  LAKELAND FL 33807-6240					00 APR 21 AM 3: 05	
2. Principal Place of Business 3. Mailing Address					1 1961-bit 1616 18166 10311 adlijî shirt garîn garin	
Suite, Apt.	. #, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat	te	City & State	City & State		4. FEI Number 59-3169840 Applied For Not Applicable	
Zip _,,	Country	Zìp	Cour	ntry	5. Certificate of Status Desired See Required	
1 54 E 414	6. Name and Address of Curro	ent Registered Agent			7. Name and Address of New Registered Agent	
	* * * * * * * * * * * * * * * * * * * *	<u></u>		Name		
VARN, WILLIAM LATANE 202 LAKE MIRIAM DR., SUITE E-7				Street Address (P.O. Box Number is Not Acceptable)		
	ID FL 33813					
				City	FL Zip Code	
• The above	named antity submits this statemer	ot for the purpose of cha	anging its register	red office or reals	stered agent, or both, in the State of Florida.	
O. THE GROAD	s Harried Gridly Sub-fills the Sidlome.	it to the purpose of and	mgmg ne regional	od omoc s	30 N, S. 2004, M. 10 2000	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE: Register	red Agent signature requ	ured when reinstating) DATE	
9. Capital Contributions as Shown on record.  \$66,600.00  10. Amount of Capital Contributions in FLORIDA to date					11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNE	R THAT IS A BUSIN MAY NOT be chang	ESS ENTITY Need on the form	IUST BE REGI	ISTERED AND ACTIVE WITH THIS OFFICE.	
12.	GENERAL PART			n; an amenam	ent must be filed to change a general partner.	
	V10134 R.E. KELLY ASSOCIATES, INC.		13.		ent must be filed to change a general partner.  ADDRESS CHANGES ONLY	
• •					ent must be filed to change a general partner.	
NAME STREET ADDRESS	R.E. KELLY ASSOCIATES, INC 202 LAKE MIRIAM DR., SUITE		STR	-	ADDRESS CHANGES ONLY  500032453262 -05/09/0001111016	
NAME STREET ADDRESS	R.E. KELLY ASSOCIATES, INC 202 LAKE MIRIAM DR., SUITE		STR	REET ADDRESS	ent must be filed to change a general partner.	
NAME STREET ADDRESS CITY-ST-ZIP , 3; DOCUMENT #	R.E. KELLY ASSOCIATES, INI 202 LAKE MIRIAM DR., SUITE LAKELAND FL 33813		STR	REET ADDRESS	ADDRESS CHANGES ONLY  500032453262 -05/09/0001111016	
NAME STREET ADDRESS CITY-ST-ZIP + 3 : DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #	R.E. KELLY ASSOCIATES, INI 202 LAKE MIRIAM DR., SUITE LAKELAND FL 33813		STR CITY STR	PREET ADDRESS  Y - ST - ZIP  REET ADDRESS	6000032453262 -05/09/00-01111016 ****526.25	
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14. Thereby 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

CITY-ST-ZIP

SIGNATURE: \(\frac{1}{2}\)

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER