

Check must be payable in United States Funds and through a United States Bank.

Make check payable to Florida Department of State.

IMPORTANT INSTRUCTIONS

FILED

14, 2007 08:00 AM

Secretary of State



30527 PASCO ROAD
SAN ANTONIO FL 33576

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SAN ANTONIO FL 33576

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E003 (10/06)

City & State

City & State

4. FEI Number

59-3210461

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARREN, HAROLD F
30527 PASCO ROAD
SAN ANTONIO FL 33576

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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

DOCUMENT #	
NAME	WARREN, HAROLD F
STREET ADDRESS	30527 PASCO ROAD
CITY- ST- ZIP	SAN ANTONIO FL 33576
DOCUMENT #	
NAME	WARREN, EMILEE
STREET ADDRESS	30527 PASCO ROAD
CITY- ST- ZIP	SAN ANTONIO FL 33576
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	
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STREET ADDRESS	
CITY- ST- ZIP	

1000000656531

03/23/07-80075-002 500.00

14. I hereby certify that the information supplied with this filing 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 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:

Harold F Warren HAROLD F. WARREN

3-10-07

(352)-586-3158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE