SIGNATURE: \

| DOCUMENT # A9400001148 1. Entity Name JEFFREY S. WALKER FAMILY LIMITED PARTNERSHIP | | | | | | | APPRUVE AND FILED 2 APR -8 AMII | : 58 | · · · · · · · · · · · · · · · · · · · | | |
|---|--|--|-------------------|--|---|--|--|---|---------------------------------------|--|--|
| | | | | | | OZ APR O SECRETARY OF STATE TALLAHASSEE. FLORIDA | | | | | |
| Principal Place of Business Mailing Address 1201-5TH AVENUE NORTH 1201-5TH AVENUE NORTH SUITE 408 SUITE 408 | | | | | тн | | TALLAHASSEE, FLORIDA | | | | |
| ST. PETERSBURG FL 33705 ST. PET | | | | PETERSBURG FL 33705 | | | | | | | |
| . Principal P | Place of Busine | ess | 3. Ma | ailing Address | | | 1 (10(0)) | 1818 18311 91911 18811 9811 18611 1 | | ;; (4001)(0)(D)00) 101) 1001 | |
| Suite, Apt. #, etc. | | | Sui | Suite, Apt. #, etc. | | | DUE BY MAY 1, 2002 | | | | |
| City & State | | | City & State | | | | 4. FEI Number | 65-0519580 | | Applied For Not Applicable | |
| Zip Country | | | | Zip Cou | | try | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | e Required | |
| | 6. Name a | and Address of Current | t Register | red Agent | | - Name | 7. Name and A | Address of New Register | red Ag | ent | |
| WALKER, JEFFREY S 1201 5TH AVE. NORTH | | | | | Street Addres | s (P.O. Box Number | (P.O. Box Number is Not Acceptable) | | | | |
| | | SUITE 408 | | | | | | | | | |
| ST. PETERSBURG FL 33705 | | | | | | 0.4 | City FL Zip Code | | | | |
| . The above | | 33705 submits this statement for | or the pur | pose of changing it | ts registere | | tered agent, or both | | FL | Zip Code | |
| IGNATURE . | named entity Signature, typed o | ······································ | t and title if ap | pplicable. | | ed office or regis | tered agent, or both | n, in the State of Florida. | TE. | | |
| | Signature, typed on tributions on record. | submits this statement for printed name of registered agent \$315,000.00 | t and title if ap | pplicable. 10. Amount of Cap in FLORIDA to | ital Contrib | out fins 15 0 | 00 ^{so} | th, in the State of Florida. DA 11. MAKE CHECK PAY. SEE REVERSE SID | TE ABLE T | | |
| GNATURE | Signature, typed on tributions on record. | submits this statement to registered agent \$315,000.00 | t and title if an | pplicable. 10. Amount of Cap in FLORIDA to | ital Contrib date. | ed office or regis | OO ⁶⁰ STERED AND A | n, in the State of Florida. DI 11. MAKE CHECK PAY. SEE REVERSE SID CTIVE WITH THIS OF d to change a general | ABLE 1 E FOR FICE. partr | O DEPT. OF STATE | |
| GNATURE Capital Co as Shown | Signature, typed on tributions on record. | submits this statement to registered agent \$315,000.00 | t and title if an | pplicable. 10. Amount of Cap in FLORIDA to 6 A BUSINESS E be changed on | ital Contrib date. | ed office or regis | OO ⁶⁰ STERED AND A | n, in the State of Florida. DA 11. MAKE CHECK PAY. SEE REVERSE SID CTIVE WITH THIS OF | ABLE 1 E FOR FICE. partr | O DEPT. OF STATE | |
| Capital Co as Shown 2. CUMENT # AME REET ADDRESS | Signature, typed or ontributions on record. A G NOTE: WALKER, 1201 5TH | submits this statement for printed name of registered agent \$315,000.00 ENERAL PARTNER General Partners M/ GENERAL PARTNE JEFFREY S AVE. NORTH, STE. 4 | THAT IS AY NOT | pplicable. 10. Amount of Cap in FLORIDA to 6 A BUSINESS E be changed on | oital Contrib date. NTITY M the form 13. | ed office or regis | OO ⁶⁰ STERED AND A | n, in the State of Florida. DI 11. MAKE CHECK PAY. SEE REVERSE SID CTIVE WITH THIS OF d to change a general | ABLE 1 E FOR FICE. partr | O DEPT. OF STATE | |
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| Capital Co as Shown 2. COMENT # MME REET ADDRESS TY-ST-ZIP COUMENT # AME REET ADDRESS TY-ST-ZIP COUMENT # | Signature, typed or ontributions on record. A G NOTE: WALKER, 1201 5TH | submits this statement for printed name of registered agent \$315,000.00 ENERAL PARTNER General Partners M/ GENERAL PARTNE JEFFREY S AVE. NORTH, STE. 4 | THAT IS AY NOT | pplicable. 10. Amount of Cap in FLORIDA to 6 A BUSINESS E be changed on | oital Contributed the form 13. STREE CITY- | ed office or regis | STERED AND A ent must be filed | 11. MAKE CHECK PAY. SEE REVERSE SID CTIVE WITH THIS OF d to change a general ADDRESS CHANGES | ABLE 1 FICE. Partr ONLY | O DEPT. OF STATE ** FEE INFORMATION ** er. | |
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| Capital Co as Shown 2. DOCUMENT # AME TREET ADDRESS ITY-ST-ZIP | Signature, typed or ontributions on record. A G NOTE: WALKER, 1201 5TH | submits this statement for printed name of registered agent \$315,000.00 ENERAL PARTNER General Partners M/ GENERAL PARTNE JEFFREY S AVE. NORTH, STE. 4 | THAT IS AY NOT | pplicable. 10. Amount of Cap in FLORIDA to 6 A BUSINESS E be changed on | STREE CITY- STREE CITY- CITY- | DULTIONS 15 COUNTY OF THE REGISTRES ST-ZIP ET ADDRESS ET ADDRESS ET ADDRESS | STERED AND A ent must be filed | 11. MAKE CHECK PAY. SEE REVERSE SID CTIVE WITH THIS OF d to change a general ADDRESS CHANGES | ABLE 1 E FOR FICE. partr ONLY | O DEPT. OF STATES FEE INFORMATION. Her. | |
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