



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 24 AM 8:55

<b>DOCUMENT # A95000000252</b>						<b>SECRETARY OF STATE DIVISION OF CORPORATIONS</b> <b>06 APR 24 AM 8:55</b>	
1. Entity Name <b>RFLP GROUP, LLLP</b>							
Principal Place of Business <b>503 WEST PLATT STREET TAMPA, FL 33606</b>				Mailing Address <b>503 WEST PLATT STREET TAMPA, FL 33606</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062006 Chg-LP CR2E003 (11/05)			
City & State		City & State		4. FEI Number <b>59-3300729</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>LINSKY, DONALD B 503 WEST PLATT STREET TAMPA, FL 33606</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b> 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>							
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	<b>LINSKY, NANCY R 503 WEST PLATT STREET TAMPA, FL 33606</b>			STREET ADDRESS	<b>654 Riviera Drive Tampa, FL 33606</b>		
NAME							
CITY-ST-ZIP							
DOCUMENT #	<b>LINSKY, SAMUEL R 1252 CHRISTMAS LANE ATLANTA, GA 30329</b>			STREET ADDRESS			
NAME							
CITY-ST-ZIP							
DOCUMENT #	<b>LEVINSON, BEVERLY R 5715 DUMFRIES HOUSTON, TX 77096</b>			STREET ADDRESS			
NAME							
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME							
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS	<b>600074079476 05/05/06--01047--011 **500.00</b>		
NAME							
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME							
CITY-ST-ZIP							
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: <b>Nancy R Linsky</b>				<b>4-6-06 (813) 251-5588</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>			