Make check payable to Florida Department of State.
Check must be payable in United States Funds and through a United States Bank.

IMPORTANT INSTRUCTIONS

FILED
Feb 12, 2007 08:00 AM
Secretary of State

2810 SAFE HARBOR DR. TAMPA FL 33618-4538	2810 SAFE HARBOR DR. TAMPA FL 33618-4538

1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3320775 ☐ Applied For ☐ Not Applicable

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
ALVAREZ, SERGIO 2810 SAFE HARBOR DR. TAMPA FL 33618-4538	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
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME / STREET ADDRESS / CITY-ST-ZIP	ALVAREZ, SERGIO 2810 SAFE HARBOR DR. TAMPA FL 33618-4538	CITY-ST-ZIP	000000634368 02/22/07-80006-019 500.00
DOCUMENT #		STREET ADDRESS	
NAME / STREET ADDRESS / CITY-ST-ZIP	ALVAREZ, ZENIA 2810 SAFE HARBOR DR. TAMPA FL 33618-4538	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME / STREET ADDRESS / CITY-ST-ZIP	ALVAREZ, DENNIS 14105 RIVERSTONE DR. TAMPA FL 33624	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME / STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME / STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME / STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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: Dennis Alvarez 2/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #