Coachman Plaza Cleaners, Inc., general By: 13.1111 F. REQUIRE PARTNER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A9500001510									8
COACHMAN PLAZA CLEANERS, LTD.					FILED	7			¥n
Principal Place of Business 14969 N. FLORIDA AVENUE TAMPA FL 33612		Mailing Address C/O J. BOB HUMPHRIES 501 EAST KENNEDY BLVI TAMPA FL 33602			MAY -3 PM 12: 07 RETARY OF STATE AHASSEE, FLORIDA				ı
2. Principal Place of Business		3. Mailing Address	-	<u></u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	59-3338902	•	Applied For Not Applicab	ole
Zip	Country	Zip	Country	, 	5. Certificate of		F.	8.75 Additional ee Required	
	6. Name and Address of Cu	rrent Registered Agent			7. Name and A	ddress of New Re	gistered Ag	jent	
HUMPHRIES, J. BOB ESQUIRE C/O FOWLER, WHITE, GILLEN, ET AL 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602				Street Address (F Fowler, W	w. Waters, Esq.  Address (P.O. Box Number is Not Acceptable) er, White  E. Kennedy Blvd., #1700  FL Zip Code 33602				
9. Capital Co	A GENERAL PARTA	10. Amount of Capit in FLORIDA to d	I Contributate.	ST BE REGIST	ERED AND AC	SEE REVERSE TIVE WITH THIS	SIDE FOR OFFICE.	O DEPT. OF STATE   FEE INFORMATION	
		s MAY NOT be changed on the		in amendment	must be filed			er.	
12.	GENERAL PAR	RTNER INFORMATION	13.	<del>`</del>		ADDRESS CHAN	IGES ONLY		-1=
DOCUMENT # NAME STREET ADDRESS	P95000077114 COACHMAN PLAZA CLEANERS, INC. 14969 N. FLORIDA AVE.		STREET A		600004333886 5 -05/30/0101032013				R2E003 (11/00)
CITY-ST-ZIP DOCUMENT #	TAMPA FL 33612					****15	0.00	****150.08	
NAME STREET ADDRESS			STREET A					· · ·	- °
CITY-ST-ZIP DOCUMENT # NAME			STREET A	ADDRES\$				······································	-
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	- ZIP				<del> </del>	
DOCUMENT # NAME			STREET A	ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	- ZIP					
DOCUMENT # NAME STREET ADDRESS			STREET A	ADDRESS					
CITY-ST-ZIP			CITY-ST-	-ZIP				·····	-
NAME STREET ADDRESS			STREET A				<u></u>		4
14. hereby co	ertify that the information supplied	d with this filing does not qualify for	the exempt	tion stated in Sec	tion 119.07(3)(i).	Florida Statutes, I fu	irther certify	that the information	_
indicated t	on this report is true and accurate	e and that my signature shall have t	ie same lei	gal effect as if ma	de under oath; th	at I am a General P	artner of the	e limited partnership	or