| te or Country of Formation Florida | | | | | | | | |
|---|---------------------------|--|--|--|--|--|--|--|
| nt entered in 8b, with a minimum filling fee of \$52.50 and a maximum of | | | | | | | | |
| eginning with 1992 calendar year. delinquent supplemental affidavit must be submitted along with a separate and | | | | | | | | |
| If changed, new registered a | gent/office | | | | | | | |
| e & O'Connor, P.A. | | | | | | | | |
| is Not Acceptable) ir Road | | | | | | | | |
| | | | | | | | | |
| | FL | Zip Code 33764 | | | | | | |
| istered under the laws of the State of Florida, submits this statement is general partner(s). I hereby accept the appointment of registered | | | | | | | | |
| is general partition(s). Thereby accept the appointment or registered | | | | | | | | |
| DATE 4/30/48 | | | | | | | | |
| HIP OR OTHER BUSINESS ENTITY S OFFICE. | | | | | | | | |
| ate and Zip Code | 11a. | Registration Document Number | | | | | | |
| er, FL 33764 P96000000419 | | | | | | | | |
| | | moth | | | | | | |
| ATEMEN | 1/0 | 398 | | | | | | |
| 25,000 97/2179 ***1026 | 338 8010 .86 | 278)40003 *********************************** | | | | | | |
| t be filed to chan | ge a ge | neral partner. | | | | | | |
| ction 119.07(3)(k), Florida Stat from public access. I further of t I am a General Partner of the DATE | ertify that thi | e information indicated on nership, receiver or trustee | | | | | | |
| Telephone Number (21 | 9)262 | 2-3101 | | | | | | |

| FOR LIMITED PARTNERSHIP | DIVIK | Secretary of State DIVISION OF CORPORATIONS | | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS | | | |
|--|---|--|----------------------------------|-----------------------------------|---|---------------------|--------------------------------|--|
| DOCUMENT # A9600000171 | | | — | 98 JUL 16 PM 2: 05 | | | | |
| 1. Name of Limited Partnership | 000171 | | | , | 30 JUL 10 | TH 2.1 | 00 | |
| The N.J. Patel Limit | ed Partnershi | .p | | | | | | |
| | | | | <u> </u> | DO NOT WRITE | IN THIS SPACE | i. | |
| 2 Mailing Address 2240 Belleair Road | 3. Principal Office Add 2240 Bell | 3. Principal Office Address 2240 Belleair Road | | | 4. Date Formed or Registered To Do Business in Florida January 1, 1996 | | | |
| Suite, Apt #. etc Suite 160 | Suite, Apt #, etc | Suite, Apt #, etc Suite 160 | | | 3632 | | Applied For | |
| City & State Clearwater, FL | City & State | | | | Not Applicable | | | |
| Zip Country | Zip | Zip Country | | | CERTIFICATE OF STATUS DESIRED To a Certificate of Matte. | | | |
| 33764 USA 8a. Capital Contributions as Snown | 33764 | U | SA ———— | 7. State or Coun | 7. State or Country of Formation Florida | | | |
| on Record | \$437.50 |), for <u>each yea</u> | <u>due</u> this office. | 1,000 on amount entered | | | 52.50 and a maximum o | |
| \$250,000,00 8b. Amount of Capital Contributions in FLORIDA to date | 3.) Penalty | 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. | | | | | a codale a series and | |
| r Edition (g date | appropriate fili | | greater than amount e | nnered in 6a, a sup plemei | ntai anigavii must be | audmitteg alon | g with a separate and | |
| 9, Name and Address of Curr | | | Name | 10. If change | d, new registered a | gent/offi ce | | |
| Patel, Moore & O'Cont 18167 U.S. 10 North S | or, p.A. Suite 150 | | Patel | , Moore & | | r, P.A | | |
| Clearwater, FL 34624 240 B Suite, Apt. #, etc. | | | _ | elleair Road | | | | |
| | | | Suite 160 | | | | | |
| 10a. Pursuant to the provisions of sections 620 1051 | and 620 192, Florida Statutes, the | above-named | Cleary Irmited partnership or | | der the laws of the S | | 3764 submits this statement | |
| for the purpose of changing its registered office agent. I am familiar with, and accept the obligation | | | da. Such change was | authorized by its general | pariner(s). I hereby | accept the app | ointment of registered | |
| DIGNATURE (December of Accordance) | m- | | - V | 16 Mrs | DATE 6 | 30/48 | | |
| | | | IMITED PAF | TNERSHIP C | R OTHER | BUSINE | SS ENTITY | |
| A GENERAL PARTNER THA | | | | | -10- | | | |
| MU | ST BE REGISTER | ED AND | | | | 444 | Registration | |
| A GENERAL PARTNER THA | | ED AND | ther | City, State and Zip | | 11a. D | Registration ocument Number | |
| A GENERAL PARTNER THA | Address of Eac (Do NOT Use Post 2240 Bell | ED AND th General Part Office Box Nu | riner umbers) | | FL 3376 | 4 | ocument Number | |
| A GENERAL PARTNER THA' MU: 11. Names of General Parlner(s) | ST BE REGISTER Address of Eac (Do NOT Use Post | ED AND th General Part Office Box Nu | riner umbers) | City, State and Zip | FL 3376 | 4 | | |
| A GENERAL PARTNER THA' MU: 11. Names of General Parlner(s) | Address of Eac (Do NOT Use Post 2240 Bell | ED AND th General Part Office Box Nu | riner umbers) | City, State and Zip | FL 3376 | 4 | ocument Number | |
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Typed or Printed Name of General Partner Signing Form N.J. Pate1