



541, 25'

04 AUG -4 AM 10: 25

MJH

DOCUMENT # A96000000181						FILED		
1. Entity Name CHARLES W. & JULIA T. CHERRY FAMILY LIMITED PARTNERSHIP						04 AUG -4 AM 10: 25		
Principal Place of Business 427 S. DR. MARTIN L. KING BLVD. DAYTONA BEACH, FL 32114			Mailing Address 427 S. DR. MARTIN L. KING BLVD. DAYTONA BEACH, FL 32114			SECRETARY OF STATE TALLAHASSEE FLORIDA		
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05142004 Chg-LP CR2E003 (10/03) 8/4		
City & State			City & State			4. FEI Number 59-3486539		
Zip			Country			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHERRY, CHARLES W 427 S. DR. MARTIN L. KING BLVD. DAYTONA BEACH, FL 32114						7. Name and Address of New Registered Agent		
						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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>								
9. Capital Contributions as Shown on record. \$100.00			10. Amount of Capital Contributions in FLORIDA to date. 100.00					
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 # NAME STREET ADDRESS CITY - ST - ZIP						STREET ADDRESS		
CHERRY, CHARLES W 429 SOUTH MARTIN LUTHER KING, JR. BLVD. DAYTONA BEACH, FL 32114						CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP						STREET ADDRESS		
CHERRY, JULIA T 429 SOUTH MARTIN LUTHER KING, JR. BLVD. DAYTONA BEACH, FL 32114						CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP						STREET ADDRESS		
						CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP						STREET ADDRESS		
						CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP						STREET ADDRESS		
						CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP						STREET ADDRESS		
						CITY - ST - ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CHARLES W. CHERRY						08/01/04 386-258-1889		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>						<small>Date Daytime Phone #</small>		