

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**H46000000766**

<b>LIMITED PARTNERSHIP</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  01 AUG 10 AM 10:00  <b>800004560138--4</b> -08/28/01--01067--017 ***1105.00 ***1052.50	
DOCUMENT # <b>A96-766</b>					
<b>1. Name of Limited Partnership</b> Dougherty Family Limited Partnership <div style="text-align: center;"><b>2000-2001</b></div>					
<b>2. Principal Office Address</b> 824 Westwind Drive Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 824 Westwind Drive Suite, Apt. #, etc.		<b>4. Date Formed or Registered To Do Business in Florida</b> 04-23-1996	
City & State Black River Falls, WI		City & State Blk River Falls, WI		<b>5. FEI Number</b> 59-3394272	
Zip 54615	Country USA	Zip 54615	Country USA	<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> Name Carol K. Dougherty Street Address (P.O. Box Number is Not Acceptable) 9046 LAUREL RIDGE DR. Suite, Apt. #, Etc. City MOUNT DORA State FL Zip Code 32757					
<b>9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.</b> SIGNATURE (Registered Agent Accepting Appointment) <i>Carol K. Dougherty</i> DATE <b>5-9-01</b>					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>10. Name(s) of General Partner(s)</b> Carol D. Dougherty		<b>Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 824 Westwind Drive		<b>City, State and Zip Code</b> Black River Falls, WI 54615	
<b>10a. Registration Document Number</b>		<div style="text-align: right;"> <b>FEES:</b>          1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.          2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.          3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.          Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.       </div>			
<div style="text-align: right;"> <b>2000.00 526.25</b>  <b>2001.00 526.25</b>  <hr/> <b>1052.50</b> </div>		<div style="text-align: right;"> <b>No Penalty fees due</b>  <b>didn't receive 1st Notice</b>  <b>in Pending</b> </div>			
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
<b>11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.</b> SIGNATURE <i>Carol K. Dougherty</i> DATE <b>5-9-01</b> Typed or Printed Name of General Partner Signing Form <b>Carol K. Dougherty</b> Telephone Number <b>715-284-9575</b>					

CR2E039 (9/00)