DOCUMENT*# A9600000968 1. Entity Name								14033 AF
LEONARD E. LEWIS FAMILY PARTNERSHIP LTD.					•		FILED	
Principal Place of Business 1310 GULF BLVD APT # 9-G CLEARWATER FL 33767			Mailing Address 1310 GULF BLVD APT # 9-G CLEARWATER FL 33767			SEC	FEB 12 PM 12: 11 CRETARY OF STATE LAHASSEE FLORIDA	
2. Principal P	Place of Busin	ness	3. Mailing Address	3. Mailing Address				
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State			City & State				4. FEI Number 59-3315922 Applied For Not Applicable	<u></u>
Zip	Country		Zip	Cour	ntry		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required]
	6. Name	and Address of Current	Registered Agent		Name	n -	7. Name and Address of New Registered Agent] :
EFINGERW, FRANCES F 2589 BRANDYWINE DRIVE CLEARWATER FL 33761					Street Ac	41	(P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered office or egistered agent, or both, in the State of Florida. SIGNATURE Pavid D. Burton Tr. 1.30.4								
Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date.					butions	-	DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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								
12. DOCUMENT # NAME					EET ADDRESS		ADDRESS CHANGES ONLY	11/00)
STREET ADDRESS	1310 GULI			CITY	-ST-ZIP			R2E003 (11/00)
DOCUMENT # NAME				STR	EET ADDRESS		3000037081830 -02/16/0101135004 ****141.25 ****141.25	CR2
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		*****!*[1.C3 *****111.C3	
DOCUMENT # NAME STREET ADDRESS			the second of the second	STRI	EET ADDRESS		<u> </u>	
CITY-ST-ZIP				CITY	'-ST-ZIP	<u></u>		- - - - -
DOCUMENT # NAME STREET ADDRESS				STRI	EET ADDRESS			-
CITY-ST-ZIP				CITY	-ST-ZIP			4
NAME STREET ADDRESS					ET ADDRESS			-
CITY-ST-ZIP				CITY	-ST-ZIP			
DOCULYENT # NAME, STREET/ADDRESS					ET ADDRESS			
CITY-ST-ZIP					-ST-ZIP	nd in Co	Continue 110 07/2VI) Florida Statutas I further continue that the information	'
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: LEON RETAILED LEWISD LEWNARD E. Lewis Dayling Phone #								