DOCUMENT#	A96000001069	9
1. Entity Name		
MO-AN OF FLOI	RIDA LIMITED	PARTNERSHI

02 APR 29 PM 6:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## DO NOT WRITE IN THIS SPACE.

2. Principal Place of Bu	usiness	ss 3. Mailing Address		DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
6000 Meado	owbrook_Mall	PO Box 16	570				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY	MAY 1	!	
Suite 27						'	
City & State		City & State		4. FEI Number	L	Applied For	
Clemmons,	NC	Clemmons.	NC	56-1979794		Not Applicable	
27012	Country USA	<sup>Zip</sup> 27012	Country <b>USA</b>	5. Certificate of Status Desired	1 1 '	<b>5</b> Additional equired	
				7. Name and Address of Current Registered Agent			

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Regi	stered A	gent	
Name BUTT, JEFFREY D			
Street Address (P.O. Box Number is Not Acceptable) 201 E. JACKSON STREET	٠,		
Suite 27 <b>0</b> 0			
City Tampa	FL	<sup>7</sup> 3'3'6'02	•

	4		
SIGNATURE			

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

SIGNATURE
Signature, typed or printed name of registered agent and tide if applicable.

9. Capital Contributions
10. Amount of Capital Contributions
11. MAKE CHECK PAYABLE TO DEPT. OF STATE

2. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to clate. \$1,000.00 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.

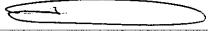
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

12. GENERAL PARTNER INFORMATION	•	
DOCUMENT # P960000054279  NAME	STREET ADDRESS 300	0054930331 -05/08/0201065007
STREET ADDRESS Mo-An of Tampa, Inc. Meadowbrook Mall, Ste 27	CITY-ST-ZIP	-05/08/0201065007 ****141.25 ****141.25
DOCUMENT / Clemmons, NC 27012	STREET ADDRESS	
STREET ADDRESS CITY-SI-7IP	CITY-ST-ZIP	
DOCUMENT # NAME	STREET ADDRESS	
STREET ADDRESS CITY-S1-2IP	CITY-ST-ZIP DO	NOT WRITE
DOCUMENT # NAME	STREET ADDRESS IN T	HIS SPACE
STREET ADDRESS CITY-SI-7IP	CITY-ST-ZIP	
DOCUMENT # NAME	STREET ADDRESS	
STREET ADDRESS CITE - ST-ZIP	CITY-ST-ZIP	
DOCUMENT 2 NAME	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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:

STAPLE CHECK HERE



336-766-5666

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Dayume Phone #

CR2E003B (12/01)