DOCUN 1. Entity Name		# <b>_ A960</b> 0	0001994		- ;			·		$\sim 0$	
HUFFSTE	TLER FAMI	LY PARTNERSHIP, LLL	_P	<u>.</u> , ~,			ILED	_	<b>√</b>		
Principal Place	e of Business		Mailing Address		01	MAR	R -9 PM 1	2: 06		V	
429 EAST MAGNOLIA AVENUE EUSTIS FL 32726  2. Principal Place of Business Suite, Apt. #, etc.			429 EAST MAGNOLIA AVENUE EUSTIS FL 32726  3. Mailing Address  Suite, Apt. #, etc.  City & State				ETARY OF STATE HASSEE, FLORIDA;				
					City & State					4. FEI Number 59-3407488	
Zip		Country			Zip	Coun	try		5. Certificate of	f Status Desired	
	6. Name	and Address of Current	Registered Agent				7. Name and A	ddress of New R	egistered Ag	jent	
•					Name	*** *	* *= "" "	<del></del>		<u> </u>	, <b></b>
PAUL, RICI	HARD A MAGNOLIA	AVENUE	-	Street A			O. Box Number	is Not Acceptable	)		
		ATLINE									
EUSTIS FL	. 32/20				City				FL	Zip Code	
8. The above	named entity	submits this statement for	or the purpose of changing	its registere	ed office or re	egistere	ed agent, or both,	in the State of Flo	orida.		
SIGNATURE _ 9. Capital Cor	Signature, typed	or printed name of registered agent	and title if applicable.  (N  10. Amount of Ca	OTE: Registere	d Agent signature			11. MAKE CHEC	DATE		
SIGNATURE _	Signature, typed intributions on record.	or printed name of registered agent \$6,300,000.00	and title if applicable. (N  10. Amount of Ca in FLORIDA to	OTE: Registere pital Contrib date.	d Agent signature butions	required v	when reinstating)	11. MAKE CHEC SEE REVER TIVE WITH THE	DATE  CK PAYABLE T  SE SIDE FOR  IS OFFICE.	FEE INFORM	
SIGNATURE _ 9. Capital Cor as Shown c	Signature, typed intributions on record.	\$6,300,000.00 SENERAL PARTNER General Partners MA	10. Amount of Ca in FLORIDA to THAT IS A BUSINESS E AY NOT be changed on	OTE: Registere pital Contrib date.	d Agent signature butions	required v	when reinstating)	11. MAKE CHEC SEE REVER TIVE WITH THE	DATE  CK PAYABLE T  SE SIDE FOR  IS OFFICE.*  eneral partn	FEE INFORM	
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9. Capital Cor as Shown of 12. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #	Signature, typed ontributions on record.  AC NOTE:  HUFFSTET 4138 PINE SPRING H	\$6,300,000.00  SENERAL PARTNER General Partners M/ GENERAL PARTNE  LER, LESUE R., JR., 1 DALE COURT  ILL FL 34607  HARD A TRUSTEE	and title if applicable. (N  10. Amount of Cal in FLORIDA to THAT IS A BUSINESS E AY NOT be changed on R INFORMATION	iOTE: Registere pital Contrito date.  ENTITY Management of the form  13.  STRE	d Agent signature butions UST BE RI I; an amen	required v	when reinstating) ERED AND ACt must be filed	11. MAKE CHEC SEE REVER CTIVE WITH THE to change a ge ADDRESS CHA	DATE  IX PAYABLE TO SE SIDE FOR IS OFFICE. THE PART OF	FEE INFORM	ATION
9. Capital Cor as Shown of 12. DOCUMENT # NAME DOCUMENT # NAME	Signature, typed ontributions on record.  NOTE:  HUFFSTET 4138 PINE SPRING H  PAUL, RIC 4138 PINE	\$6,300,000.00  \$6,300,000.00  SENERAL PARTNER  GENERAL PARTNE  GENERAL PARTNE  LER, LESUE R., JR., 1  DALE COURT  ILL FL 34607	and title if applicable. (N  10. Amount of Cal in FLORIDA to THAT IS A BUSINESS E AY NOT be changed on R INFORMATION	iote: Registere pital Contrito date.  ENTITY Management of the form  13.  STRE	d Agent signature butions  UST BE RI ; an amen	required v	when reinstating) ERED AND ACt must be filed	11. MAKE CHEC SEE REVER CTIVE WITH THE to change a ge ADDRESS CHA	DATE  CK PAYABLE TO SE SIDE FOR IS OFFICE.*  ANGES ONLY  2/0101	FEE INFORMA	ATION 1
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

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