



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 24 AM 9:46

DOCUMENT # A96000002232 1. Entity Name BATHEN FAMILY PARTNERSHIP, LTD.				<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR 24 AM 9:46</div> <div>128</div> <div></div> <div>03212005 Chg-LP CR2E003 (10/03)</div> <div>4. FEI Number 59-3456064</div> <div>Applied For Not Applicable</div>	
Principal Place of Business 1956 COTSWOLD DRIVE ORLANDO, FL 32825		Mailing Address 1956 COTSWOLD DRIVE ORLANDO, FL 32825			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BATHEN, ROBERT E 1956 COTSWOLD DRIVE ORLANDO, FL 32825				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. \$441,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	BATHEN, ROBERT E 1956 COTSWOLD DRIVE ORLANDO, FL 32825			STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	BATHEN, EILEEN M 1956 COTSWOLD DRIVE ORLANDO, FL 32825			STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
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DOCUMENT #				STREET ADDRESS	
NAME				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: Robert E. Bather				3/21/05 407-273-2150	