2000 UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # A9700000111 1. Entity Name					FILIED SECRETARY OF STATE DIVISION OF CONPORATIONS
EDWARDS PRODUCTS, LTD.					00 MAY -3 PH 1: 33
Principal Place of Business Mailing Address					. Out and the second
155 5TH AVENUE SOUTH. #9 P.O. BOX 21458 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 3374			1458		(4000) 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000
2. Principal Place of Business 2/458 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE
SCity & State City & State					4. FEI Number 59-3426380 Applied For Not Applicable
Zip Country Zip Zip Zip			Country		5. Certificate of Status Desired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name					
EDWARDS	ه را ۱۰ ه د میرپایوه سنده یی د	Street A	\sim	P.O. Box Nerp Top is Not Acceptable — HE	
-1381-49 11 ST_PETE			55	5 AVE. SU, 475	
		City_	17	PETERS BURG- FL 3370/	
8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE Signatury (specific or printed name Hegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to 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.	1	ADDRESS CHANGES ONLY
NAME STREET ADDRESS	EDWARDS, ROGER L 1381-49TH AVE. N.E.		STREET ADDRESS	15	5 51 AVE. SON #5
CITY-ST-ZIP	ST. PETERSBURG FL 93703		CITY-ST-ZIP	5%	PETERSOUPE, FL 3370/
DOCUMENT# NAME			STREET ADDRESS		
STREET ADDRESS CITY+ST-ZIP			CITY-ST-ZIP		
DOCUMENT#			_STREET_ADDRESS	<u></u>	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		-06/14/0001092005 ****141.25 ****141.25
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DOCUMENT# NAME			STREET ADDRESS		
STREET ADDRESS CITY+ST+ZIP			CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADORESS CITY-ST-ZIP			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 the 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 expression of the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the limited partnership or the receiver or trustee expression of the receiver of the limited partnership or the receiver or trustee expression of the receiver of the receiver or trustee expression of the receiver of the receiver of the receiver or trustee.					
SIGNATURE: SIGNATURE: SATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIER Date Date Dayline Phone #					
KOGE L. EDWARDS					