DOCU 1. Entity Nam	MENT#	18.321						
The Middlebrooks Investment Grou					I			
Principal Place of Business Mailing Address				01 APR 27 AN II: 50				
6/8 LIVE OAK PLANTATION ROAL				SE TAL	CRETARY OF S LAHASSEE, FL	STATE LORIDA		
Tal	lahassee, FLO	RIDA 32312	-	, , ,				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 59 - 3491210			Applied For Not Applicable
Zip	Country Zip		Country			Certificate of Status Desired		
6. Name and Address of Current Registered Agent				Name	7. Name and A	Address of New Registered	Agent	<u> </u>
Harry Middlebrooks, Sm.			-		et Address (P.O. Box Number is Not Acceptable)			
618 LIVE OAK PLANTATION ROAD								
Tallahassee, 71 32312				City		F	L Z	ip Code
8. The above	named entity submits this statement for	or the purpose of changing its	gistered	d office or regis	stered agent, or both,	in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent	ANOTE :	To mintered	Accept constant region	ired when reinstating)	DATE		
9. Capital Cor as Shown o	ntributions 594 ago	10. Amount of Capita in FLORIDA to da	Contribu			11. MAKE CHECK PAYABI SEE REVERSE SIDE F		
A GENERAL PARTNER THAT IS A BUSINESS EN' ITY 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						ADDRESS CHANGES OF	VLY	
DOCUMENT # NAME	M SOUTH CORPORATION		STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	618 LIVE BAK PLAN TALLAHASSEE, FL	TATION ROAD	CITY-S	ST-ZIP	81	30004218 -05/16/01		
DOCUMENT #	10.22/11/12/22		STREE	ADDRESS		****526.25	, AKA	***326.23
NAME STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP				
DOCUMENT #			STREE	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP		<u>.</u>		
DOCUMENT # NAME			STREET	ADDRESS	-	,		
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP				
DOCUMENT #			STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP				
DOCUMENT # NAME			STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP				
44 15	- 1.	this filing does not qualify for		ntion stated in	Section 119 07/3\(i)	Florida Statutes, I further ce	ertify the	at the information

I hereby certify that the information supplied with this filing does not qualify for he 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

M. South Comporation

GNATURE:

| Manual Comporation | Manual Composition | Manual