

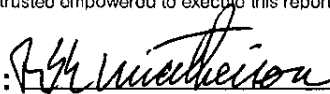


**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000667</b>				<b>FILED</b> <b>Apr 02, 2007 08:00</b> <b>Secretary of State</b>	
1. Entity Name <b>MATHEISON FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>610 RIDGEWOOD DRIVE WINDERMERE FL 34786</b>		Mailing Address <b>P.O. BOX 1185 WINDERMERE FL 34786</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E003 (10/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3504712</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MATHEISON, ROBERT K 610 RIDGEWOOD DRIVE WINDERMERE FL 34786</b>				7. Name and Address of New Registered Agent	
				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>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME <b>MATHEISON, ROBERT K 610 RIDGEWOOD DRIVE WINDERMERE FL 34786</b>		STREET ADDRESS		
CITY- ST- ZIP					
DOCUMENT #			STREET ADDRESS	<b>U00000687764</b>	
CITY- ST- ZIP			<b>04/10/07-80054-002 500.00</b>		
DOCUMENT #			STREET ADDRESS		
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CITY- ST- ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <b>ROBERT K MATHEISON</b> 3/24/07 407.876.3535 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					