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SIGNATURE: Edward Clayda SIGNATURE AND TYPED OR PRINTED NAME C

Mar 04, 2004 08:00 AM DOCUMENT # A98000000681 **Secretary of State** 1. Entity Name SPYGLASS PARTNERS, LTD. Principal Place of Business Mailing Address P.O. BOX 977 121 WEST CLARK STREET QUINCY FL 32351 QUINCY FL 32353 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-3498550 Not Applicable $Z_{(0)}$ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIGDON, EDWARD C 121 WEST CLARK STREET Street Address (P.O. Box Number is Not Acceptable) QUINCY FL 32351 City 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, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$5,000,000.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME HIGDON, EDWARD C STREET ADDRESS 121 WEST CLARK STREET CITY-ST-78P CRY-ST-ZR QUINCY FL 32351 U00000087257 DOCUMENT # STREET ADDRESS 03/15/04-80002-020 526.25 NAME STREET ADDRESS City-St-ZiP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT 4 STREET ADDRESS STREET ADDRESS CITY-ST-DP CDY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CRY-ST-782 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

FILED

2/27/04