DUE BY MAY 1, 2006

STAPLE

Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # A98000001386 PANDYA PROPERTIES, LTD. Mailing Address Principal Place of Business 515 W. MERRITT AVE MERRITT ISLAND FL 32953 315 N. TROPICAL TRAIL MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For 4. FEI Number City & State City & State 59-3513431 Not Applie: Zip 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 PANDYA, SUMANT J Street Address (P.O. Box Number is Not Acceptable) 315 N. TROPICAL TRAIL MERRITT ISLAND FL 32953 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 U000004**951**22 SIGNATURE Signature, typed or printed name of registored again and title if applicable FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME SUMANT J. PANDYA, TRUSTEE STREET ADDRESS 515 W. MERRITT AVE City-\$1-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 DOCUMENT # STREET ADDRESS NAME SNEHLATA S. PANDYA, TRUSTEE STREET ADDRESS 515 W. MERRITT AVE CITY-ST-ZOP CITY-ST-ZIP MERRITT ISLAND FL 32953 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP DOCUMENT! STREET ADDRESS NAME STREET ADDRESS CUTY-ST-70P ETTY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C37Y - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CATY - ST-ZIP CITY-ST-709 14. I hereby certify that the information supplied with this fitting 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

FILED

4/2/06