


FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001503					
1. Entity Name THOMAS LINDSEY LIMITED PARTNERSHIP					
					
Principal Place of Business 1518 EAST LAKE DRIVE FORT LAUDERDALE, FL 33316			Mailing Address P.O. BOX 460325 FT. LAUDERDALE, FL 33346		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent LINDSEY HOLDINGS, INC. 1518 EAST LAKE DRIVE FORT LAUDERDALE, FL 33316					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
4. FEI Number 59-3516982					
Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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>					
9. Capital Contributions as Shown on record. \$585,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P980000050549 LINDSEY HOLDINGS, INC. 1518 EAST LAKE DRIVE FORT LAUDERDALE, FL 33316 ✓		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	U000000030112 03/17/04-80003-023 526.25	
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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					
SIGNATURE: [Signature] / Pres Thomas Lindsey 8-2-04 954- [Phone]					