OCUI . Entity Nam		980000023	37 ₹	, l	- 1. - 1.	i .		
HAYDEN	N LANE IV, LTD.				FILE	ED OF STATE PRPORATIONS		
. <u> </u>				01	VIBION OF CO	RPORATIONS		
• •	ce of Business TREET WEST L 34221	Mailing Addre 1320 33RD S PALMETTO F	TREET WEST).	1 S AUL OC	PM 1:29		
. Príncipal P	Place of Business	3. Mailing Add	dress			915 1 519 1519 1 18151 5 8111 9 8		
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	e ·	City & State	,		4. FEI Numi	oer 65-0870834	1	Applied For Not Applicable
Zip	Country	Zip	C	ountry	5. Certificat	e of Status Desired	□ \$8.75 Fee Red	Additional quired
	6. Name and Address o	Current Registered Agen	nt	Name	7. Name an	d Address of New R	legistered Agent	
PRESTON	I, WHITING H	•		Street Address (P.O. Box Number is Not Acceptable)				<u> </u>
-	E HAYDEN COMPANY	•		Street Addres	SS (P.O. BOX NUME		*/ 	
	D STREET WEST							
PALMETO FL 34221				City FL Zip Code				
· / Line i o				City		·		
<u> </u>	e named entity submits this sta	atement for the purpose of c	changing its regis		stered agent, or b	oth, in the State of Flo		
. The above	named entity submits this sta		changing its regis		stered agent, or be	oth, in the State of Flo		
. The above	e named entity submits this sta	istered agent and title if applicable.	(NOTE: Regi	stered office or regis			DATE	
. The above	e named entity submits this state of signature, typed or printed name of regontributions \$10,000 on record.	istered agent and title if applicable. 10. Amol in FL	(NOTE: Regi unt of Capital Co ORIDA to date.	stered office or regis istered Agent signature req antributions	uired when reinstating)	11. MAKE CHEC	DATE CK PAYABLE TO DEF SE SIDE FOR FEE II	PT. OF STATE NFORMATION
. The above	signature, typed or printed name of regontributions \$10,0	istered agent and title if applicable. 10. Amol in FL	(NOTE: Regiunt of Capital Co ORIDA to date.	stered office or regis istered Agent signature req ontributions	uired when reinstating)	11. MAKE CHEC SEE REVER	DAYE CK PAYABLE TO DEFISE SIDE FOR FEE III	PT. OF STATE NFORMATION
. The above IGNATURE Capital Co as Shown of	Signature, typed or printed name of regontributions on record. A GENERAL PA NOTE: General Particular of the second of the secon	Stered agent and title if applicable. 10. Amore in FL RTNER THAT IS A BUSINERS MAY NOT be char PARTNER INFORMATION	(NOTE Regi unt of Capital Co ORIDA to date INESS ENTIT) nged on the fo	stered office or regis istered Agent signature req ontributions	uired when reinstating)	11. MAKE CHEC SEE REVER	DAYE CK PAYABLE TO DEF ISE SIDE FOR FEE II IS.OFFICE Eneral partner.	PT. OF STATE NFORMATION
. The above IGNATURE Capital Co as Shown of 2. DOUMENT #	Signature, typed or printed name of regontributions on record. A GENERAL PA NOTE: General Particular GENERAL PA GENERAL PA GENERAL PA GENERAL PA GENERAL PA GENERAL PA SC LANE HAYDEN COMPA	10. Amoin FL RTNER.THAT IS A BUSINERS MAY NOT be char PARTNER INFORMATION PARTNER INFORMATION OCCUPANTY	(NOTE: Regi unt of Capital Co ORIDA to date INESS ENTIT) nged on the fo	stered office or regis istered Agent signature req ontributions Y-MUST_BE_REG orm; an amendir	uired when reinstating)	11. MAKE CHEC SEE REVER ACTIVE WITH TH ed to change a ge	DAYE CK PAYABLE TO DEF ISE SIDE FOR FEE II IS.OFFICE Eneral partner.	PT. OF STATE NFORMATION
. The above IGNATURE Capital Co as Shown of	Signature, typed or printed name of regontributions on record. A GENERAL PA NOTE: General Par	10. Amoin FL RTNER.THAT IS A BUSINERS MAY NOT be char PARTNER INFORMATION PARTNER INFORMATION OCCUPANTY	(NOTE: Regi unt of Capital Co ORIDA to date INESS ENTIT) nged on the fo	istered office or registered Agent signature requirity ontributions Y-MUST-BE-REG orm; an amendin	uired when reinstating)	11. MAKE CHEC SEE REVER ACTIVE WITH TH ed to change a ge	DAYE CK PAYABLE TO DEF ISE SIDE FOR FEE II IS.OFFICE Eneral partner.	PT. OF STATE NFORMATION
. The above IGNATURE Capital Co as Shown of 2. DOUMENT # AME IREET ADDRESS	signature, typed or printed name of regontributions \$10,0 on record. A GENERAL PA NOTE: General Pari GENERAL PA CENERAL	10. Amoin FL RTNER.THAT IS A BUSINERS MAY NOT be char PARTNER INFORMATION PARTNER INFORMATION OCCUPANTY	(NOTE: Regi unt of Capital Co ORIDA to date. INESS ENTIT, nged on the fo	istered office or registered Agent signature requirit/foutions Y-MUST_BE_REGORM; an amending 13. STREET ADDRESS	uired when reinstating) ISTERED AND SENT MUST DE fil	11. MAKE CHEC SEE REVER ACTIVE WITH TH ed to change a go ADDRESS CH	DATE CK PAYABLE TO DEF SE SIDE FOR FEE II IS.OFFICE eneral partner. ANGES ONLY	PT. OF STATE NFORMATION
. The above IGNATURE Capital Co as Shown of 2 COUMENT # AME IREET ADDRESS TY - ST - ZIP COUMENT # AME IREET ADDRESS	signature, typed or printed name of regontributions \$10,0 on record. A GENERAL PA NOTE: General Pari GENERAL PA CENERAL	10. Amoin FL RTNER.THAT IS A BUSINERS MAY NOT be char PARTNER INFORMATION PARTNER INFORMATION OCCUPANTY	(NOTE: Regi unt of Capital Co ORIDA to date INESS ENTIT; nged on the fo	istered office or regis istered Agent signature req ontributions Y-MUST_BE.REG orm; an amendm 13. STREET ADDRESS CITY-ST-ZIP	uired when reinstating) ISTERED AND SENT MUST DE fil	11. MAKE CHEC SEE REVER ACTIVE WITH TH ed to change a ge ADDRESS CH	DATE CK PAYABLE TO DEF SE SIDE FOR FEE II IS.OFFICE eneral partner. ANGES ONLY	PT. OF STATE NFORMATION 7 3010
. The above IGNATURE Capital Co as Shown of as Sh	signature, typed or printed name of regontributions \$10,0 on record. A GENERAL PA NOTE: General Pari GENERAL PA CENERAL	10. Amoin FL RTNER.THAT IS A BUSINERS MAY NOT be char PARTNER INFORMATION PARTNER INFORMATION OCCUPANTY	(NOTE: Regi unt of Capital Co ORIDA to date INESS ENTIT) nged on the fo	istered office or regis istered Agent signature regis intributions Y-MUST_BE.REG DOM: an amendm 13. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	uired when reinstating) ISTERED AND SENT MUST DE fil	11. MAKE CHEC SEE REVER ACTIVE WITH TH ed to change a ge ADDRESS CH	DATE CK PAYABLE TO DEF SE SIDE FOR FEE II IS OFFICE Eneral partner. ANGES ONLY 31375 700-01104-	PT. OF STATE NFORMATION 7 3010
. The above IGNATURE Capital Co as Shown of as Sh	signature, typed or printed name of regontributions \$10,0 on record. A GENERAL PA NOTE: General Pari GENERAL PA CENERAL	10. Amoin FL RTNER.THAT IS A BUSINERS MAY NOT be char PARTNER INFORMATION PARTNER INFORMATION OCCUPANTY	(NOTE: Regi unt of Capital Co ORIDA to date INESS ENTIT) nged on the fo	istered office or regis istered Agent signature req ontributions Y-MUST_BE.REG orm; an amendm 13. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	Uired when reinstating) ISTERED AND PERT MUST be fill	11. MAKE CHEC SEE REVER ACTIVE WITH TH ed to change a ge ADDRESS CH	DATE CK PAYABLE TO DEF SE SIDE FOR FEE II IS OFFICE Eneral partner. ANGES ONLY 31375 700-01104-	PT. OF STATE NFORMATION 7 3010
. The above IGNATURE Capital Co as Shown a as Shown a 2. DOUMENT # AME IREET ADDRESS ITY-ST-ZIP DOUMENT #	signature, typed or printed name of regontributions \$10,0 on record. A GENERAL PA NOTE: General Pari GENERAL PA CENERAL	10. Amoin FL RTNER.THAT IS A BUSINERS MAY NOT be char PARTNER INFORMATION PARTNER INFORMATION OCCUPANTY	(NOTE: Regi unt of Capital Co ORIDA to date. INESS ENTIT, nged on the fo	istered office or registered Agent signature requiritions Y-MUST_BE_REG orm; an amendir 13. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	uired when reinstating) ISTERED AND IENT MUST be fill	11. MAKE CHEC SEE REVER ACTIVE WITH THE ed to change a ge ADDRESS CH. ADDRESS CH. -07/05/ *****15	DATE CK PAYABLE TO DEF ISE SIDE FOR FEE II IS.OFFICE. PREVAIL PAYABLE TO DEF PREVAIL PAYABL	PT. OF STATE NFORMATION 7 3010
. The above IGNATURE Capital Co as Shown a as Shown a capital Co as Shown a as Show	signature, typed or printed name of regontributions \$10,0 on record. A GENERAL PA NOTE: General Pari GENERAL PA CENERAL	10. Amoin FL RTNER.THAT IS A BUSINERS MAY NOT be char PARTNER INFORMATION PARTNER INFORMATION OCCUPANTY	(NOTE: Regi unt of Capital Co ORIDA to date. INESS ENTIT, nged on the fo	istered office or regis istered Agent signature req intributions Y-MUST_BE_REG iorm; an amendir 13. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	uired when reinstating) ISTERED AND IENT MUST be fill	11. MAKE CHEC SEE REVER ACTIVE WITH THE ed to change a ge ADDRESS CH. ADDRESS CH. -07/05/ *****15	DATE CK PAYABLE TO DEF ISE SIDE FOR FEE II IS.OFFICE. PREVAIL PAYABLE TO DEF PREVAIL PAYABL	PT. OF STATE NFORMATION 7 3010
. The above IGNATURE Capital Co as Shown a as Shown a company a ame IREET ADDRESS ITY-ST-ZIP OCUMENT # AME IREET ADDRESS ITY-ST-ZIP OCUMENT # AME IREET ADDRESS ITY-ST-ZIP	signature, typed or printed name of regontributions \$10,0 on record. A GENERAL PA NOTE: General Pari GENERAL PA CENERAL	10. Amoin FL RTNER.THAT IS A BUSINERS MAY NOT be char PARTNER INFORMATION PARTNER INFORMATION OCCUPANTY	(NOTE: Regi unt of Capital Co ORIDA to date INESS ENTIT) nged on the fo	istered office or regis istered Agent signature req intributions Y.MUST_BE_REG iorm; an amendir 13. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	uired when reinstating) ISTERED AND IENT MUST be fill	11. MAKE CHEC SEE REVER ACTIVE WITH THE ed to change a ge ADDRESS CH. ADDRESS CH. -07/05/ *****15	DATE CK PAYABLE TO DEF ISE SIDE FOR FEE II IS.OFFICE. PREVAIL PAYABLE TO DEF PREVAIL PAYABL	PT. OF STATE NFORMATION 7 3010
. The above IGNATURE . . Capital Co as Shown of as S	signature, typed or printed name of regontributions \$10,0 on record. A GENERAL PA NOTE: General Pari GENERAL PA CENERAL	10. Amoin FL RTNER.THAT IS A BUSINERS MAY NOT be char PARTNER INFORMATION PARTNER INFORMATION OCCUPANTY	(NOTE: Regi unt of Capital Co ORIDA to date INESS ENTIT) nged on the fo	istered office or regis istered Agent signature req intributions Y-MUST_BE.REG prm; an amendm 13. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	uired when reinstating) ISTERED AND IENT MUST be fill	11. MAKE CHEC SEE REVER ACTIVE WITH THE ed to change a ge ADDRESS CH. ADDRESS CH. -07/05/ *****15	DATE CK PAYABLE TO DEF ISE SIDE FOR FEE II IS.OFFICE. PREVAIL PAYABLE TO DEF PREVAIL PAYABL	PT. OF STATE NFORMATION 7 3010
. The above IGNATURE . . Capital Co as Shown of as S	signature, typed or printed name of regontributions \$10,0 on record. A GENERAL PA NOTE: General Pari GENERAL PA CENERAL	10. Amoin FL RTNER.THAT IS A BUSINERS MAY NOT be char PARTNER INFORMATION PARTNER INFORMATION OCCUPANTY	(NOTE: Regi unt of Capital Co ORIDA to date INESS ENTIT) nged on the fo	istered office or regis istered Agent signature req intributions Y-MUST_BE.REG prm; an amendir 13. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	uired when reinstating) ISTERED AND IENT MUST be fill	11. MAKE CHEC SEE REVER ACTIVE WITH THE ed to change a ge ADDRESS CH. ADDRESS CH. -07/05/ *****15	DATE CK PAYABLE TO DEF ISE SIDE FOR FEE II IS.OFFICE. PREVAIL PAYABLE TO DEF PREVAIL PAYABL	PT. OF STATE NFORMATION 7 3010
The above IGNATURE . Capital Co as Shown of as Shown	signature, typed or printed name of regontributions \$10,0 on record. A GENERAL PA NOTE: General Pari GENERAL PA CENERAL	10. Amoin FL RTNER.THAT IS A BUSINERS MAY NOT be char PARTNER INFORMATION PARTNER INFORMATION OCCUPANTY	(NOTE: Regi unt of Capital Co ORIDA to date. INESS ENTIT) nged on the fo	istered office or regis istered Agent signature req ontributions Y-MUST_BE_REG orm; an amendir 13. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	uired when reinstating) ISTERED AND IENT MUST be fill	11. MAKE CHEC SEE REVER ACTIVE WITH THE ed to change a ge ADDRESS CH. ADDRESS CH. -07/05/ *****15	DATE CK PAYABLE TO DEF ISE SIDE FOR FEE II IS.OFFICE. PREVAIL PAYABLE TO DEF PREVAIL PAYABL	PT. OF STATE NFORMATION 7 3010

SIGNATURE:

SIND THE REPUBLIC 4-21-00 941-721-0600

SIGNATURE AND TYPED OF PRINCE THE OF EIGNING GENERAL PARTNER

WHITTING H PT 5 TON, GEN. PARTNEY

Date

D