1. Entity Name  MR GOLF PROFESSIONAL LIMITED PARTICESHIP  Principal Place of Business  STOP CLIMBING ROSE WAY  SANFARD, FL. 32771  2. Principal Place of Business  STOP CLIMBING ROSE WAY  SANFARD FL. Suite, April 9. Her.  City & State  SANFARD FL. Suite, April 9. Her.  City & State  SANFARD FL. Suite, April 9. Her.  Country  32 711 SEPTIMOLE  6. Name and Address of Current Registered Agent  Mickey C. RUDD, SR.  STOP CLIMBING ROSE WAY  SANFARD, FL. 32 771  City Suite Address of New Registered Agent  Name  Mickey C. RUDD, SR.  Street Address (PO. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Fronta.  SIGNATURE  Signature, types or princed name of ingeneral agent and title #appicable.  PROFILE ADDRESS (PO. Box Number is Not Acceptable)  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 filled to change a general partner.  MICKEY C. RUDD, SR.  SIGNATURE  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 filled to change a general partner.  MICKEY C. RUDD, Sl.  SIRRET ADDRESS  STOP CLIMBING ROSE  MOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  MICKEY C. RUDD, Sl.  SIRRET ADDRESS  STOP CLIMBING ROSE  MOTE: STATE  DODDOS 1 4 8 10 2 D - 10 10 10 10 10 10 10 10 10 10 10 10 10
Principal Place of Business  STOP CLIMBING ROSE WAY SANFORD, FL 32771  2. Principal Place of Business  STOP CLIMBING ROSE WAY Suite, Apt. #, etc.  City & State SANFORD FL SANFO
STOP CLIMBING ROSE WAY  SANFOLD, FL 3277/  2. Principal Place of Business  \$7.09 CLIMBING ROSE WAY  \$709 CUNTY  \$700 CUNTY  \$7
STOP CLIMBING ROSE WAY  SANFOLD, FL 3277/  2. Principal Place of Business  \$7.09 CLIMBING ROSE WAY  \$709 CUNTY  \$700 CUNTY  \$7
2. Principal Place of Business  5709 Chittping Rose Way 5709 Chittoing Rose Way  Suite, Apt. #, etc.  City & State  City & State  SANFORD  FL  SEMINOLE  6. Name and Address of Current Registered Agent  Nickey C. Rub D, SR.  Street Address (PO. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of charging its registered Agent agenture required
2. Principal Place of Business  \$\frac{57.97}{CLiMBING} \frac{Ruse Way}{Stog} \frac{\text{Clitre}}{\text{State}} \frac{5709}{\text{Clitre}} \frac{\text{Ruse}}{\text{Ruse}} \frac{\text{State}}{\text{State}} \frac{\text{Do Not Write in this space}}{\text{Not Applied FL}} \frac{\text{Do Not Write in this space}}{\text{State}} \frac{\text{Do Not Write in this space}}{\text{Not Applied FL}} \frac{\text{Do Not Write in this space}}{\text{State}} \frac{\text{Do Not Applied FL}}{\text{State}} \frac{\text{State}}{\text{State}} \frac{\text{Status Desired}}{\text{Status Desired}} \frac{\text{\$\text{\$\text{Status}}}}{\text{\$\text{\$\text{\$\text{State}}}} \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\te
Suite, Apt. #, etc.  City & State  S ANFORD  FL  S ANFORD  FE  S ANFORD  FE  S ANFORD  FE  S Country  S Entiro LE  6. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  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.  Signature, hyper or printed name of registered address and title if applicable.  Signature, hyper or printed name of registered address and title if applicable.  NOTE: Registered Agent signature recurred when reinstalling)  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 filled to change a general partner.  12.  GENERAL PARTNER INFORMATION  13.  ADDRESS CHANGES ONLY  DOCUMENT if
City & State  SANFORD  FL  SEMINOLE  6. Name and Address of Current Registered Agent  Name  6. Name and Address of Current Registered Agent  Name  Nam
SANFORD FL SANFORD FL SANFORD FL S9-353487/ Not Applied Type Country SEMINOLE. 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name  6. Name and Address of Current Registered Agent Name  Mickey C. Rudd, SR. Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  7. Name and Address of New Registered Agent Name  Mickey C. Rudd, SR. Street Address (P.O. Box Number is Not Acceptable)  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.  SIGNATURE  Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent Signature required when reinsstating)  9. Capital Contributions as Shown on record. 15,000,00  10. Amount of Capital Contributions in FLORIDA to date. 6,750,00  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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  1. 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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  1. ADDRESS CHANGES ONLY  DOCUMENT if  CITY  1. ADDRESS CHANGES ONLY  A GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY
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MICKEY C. RUDD, SR.  570 9 CLIMBING ROSE WAY  3 ANFORD, FL 32 771  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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. Capital Contributions as Shown on record. 15,000 00  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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY
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DOCUMENT #
NAME MICKEY C RUDO SR02/25/08-01086-008
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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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/5/00

467-3/2.9553

Daytime Phone #