4-23-01 (727) 786-4592 Date Daytime Phone #

| DOCUMENT # A980 1. Entity Name | 00002563 | | |
|--|--|--|---|
| KAISER FAMILY LIMITED PARTNERSHIP | | | FILED |
| | | | 01 APR 26 AM 11: 46 |
| Principal Place of Business | Mailing Address | _ | - F1 |
| 1891 Cross Pointe Drive DLDSMAR FL 34677 | 4891 CROSS POINTE DRIVE OLDSMAR FL 34677 | į | SECRETARY OF STATE |
| JEDOMAR FL 34077 | OLDSMAN FL 34077 | | TALLAHASSEE, FLORIDA |
| | | | |
| 2. Principal Place of Business | 3. Mailing Address | :1. 1/ 10 | |
| Cuite And H and | | HWY. 19 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 603 | DO NOT WRITE IN THIS SPACE |
| City & State | City & State | | 4. FEI Number 59-3542222 Applied F. Net Applied |
| | HOLIDAY | FL | Trocappile |
| Zip Country | 341.91 | Country | 5. Certificate of Status Desired |
| 6. Name and Address of Curre | <u> </u> | | 7. Name and Address of New Registered Agent |
| | | Name | |
| KAISER, BERTRAM S | | Street Addre | ss (P.O. Box Number is Not Acceptable) |
| 4891 CROSS POINTE DRIVE | | | |
| OLDSMAR FL 34677 | • | | |
| | | City | FL Zip Code |
| | for the purpose of changing its re | eaistered office or rea | stered agent, or both, in the State of Florida. |
| The above named entity submits this statement | | | |
| The above named entity submits this statement | to the parpoon of ortal garage to the | - g | * * |
| SiGNATURE | | | •• •• |
| Signature, typed or printed name of registered age | ent and title if applicable. (NOT ::) | Registered Agent signature rec | juired when reinstating) DATE |
| SIGNATURE Signature, typed or printed name of registered age P. Capital Contributions as Shown on record. \$24,800.00 | ent and title if applicable. (NOT a land title if applicable (NOT a land title if applicable in FLORIDA to cate | Registered Agent signature recontributions ν 4. | (Ulrad when reinstating) AD O 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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