

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # A98000002677

1. Entity Name

THE STOLFI LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

10590 LIMEBERRY DRIVE
BOYNTON BEACH FL 33436

10590 LIMEBERRY DRIVE
BOYNTON BEACH FL 33436

2. Principal Place of Business - No P.O. Box #

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

FICK, RONALD L
C/O DUNWODY WHITE & LANDON, P.A.
239 SOUTH COUNTY ROAD, SUITE 300
PALM BEACH FL 33480

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

65-0889769

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E003 (10/06)

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STOLFI, MARIE R TRUSTEE

STREET ADDRESS

10590 LIMEBERRY DRIVE

CITY ST ZIP

BOYNTON BEACH FL 33436

13. ADDRESS CHANGES ONLY

STREET ADDRESS

U000000603925

CITY ST ZIP

01/29/07-80033-006 500.00

14. I hereby certify that the information supplied with this filing 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

SIGNATURE: Marie R. Stolfi, General Partner

1/21/07

061732-5502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #