701 BRICKELL AVENUE. SUITE 1400 MIAMI FL 33131-2822 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS City & State The above named entity submits this statement for the purpose of changing its registered Agent signature required when releasting) 8. The above named entity submits this statement for the purpose of changing its registered Agent office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. PATE Signature, typed or printed name of registered agent and title if applicable. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE NOTE: General Partners MAY NOTO be changed on the form; an amendment must be filled to change a general pa	SPACE Applied For Not Applicable \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Name PITTS, W. DOUGLAS 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822 City FL 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) DATE 9. Capital Contributions as \$6,250.00 10. Amount of Capital Contributions in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFIC NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general pata. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ON	Fee Required
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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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER