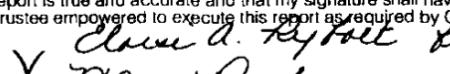


DOCUMENT # A99000000441				FILED	
1. Entity Name ELOISE A. RYBOLT FAMILY LIMITED PARTNERSHIP				06 MAY - 1 PM 1:30 PM	
Principal Place of Business 2929 LAKE PINELICH BLVD. ORLANDO, FL 32806		Mailing Address 2929 LAKE PINELICH BLVD. ORLANDO, FL 32806		SECRETARY OF STATE TALLAHASSEE FLORIDA	
2. Principal Place of Business 400 W. MORSE BLVD.		3. Mailing Address P.O. Box 3350			
Suite, Apt. #, etc. Suite 230		Suite, Apt. #, etc.		01172006 Chg-LP CR2E003 (11/05)	
City & State Winter Park, FL		City & State Winter Park, Florida		4. FEI Number 59-3614393	
Zip 32789		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MINEGAR, CRAIG A ESQ. WINDERWEEDLE, HAINES, WARD & WOODMAN, PA 250 PARK AVENUE SOUTH, 5TH FL WINTER PARK, FL 32789		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ DATE: _____					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	RYBOLT, ELOISE A		STREET ADDRESS		
NAME	3611 LAKE DRAWDY DRIVE		CITY - ST - ZIP		
STREET ADDRESS	ORLANDO, FL 32820				
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS	900074674359	
NAME			CITY - ST - ZIP	05/18/06-01042-003 **500.00	
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
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DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
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:  DATE: 4/20/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: Mary D. Lammey P.O.A. DATE: 4/20/06					