

DOCUMENT # **A99000001491**

1. Entity Name

**FLORIDA I BLUE MIST LIMITED PARTNERSHIP**

FILED

00 FEB 17 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3404 WAKE FOREST ROAD SUITE 201 RALEIGH NC 27609</b>	Mailing Address <b>3404 WAKE FOREST ROAD SUITE 201 RALEIGH NC 27609-7341</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FCI Number <b>56-2156339</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**TURNER, SUSAN K  
6033 34TH STREET W. #58  
BRADENTON FL 34205**

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.

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. <b>\$900.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 OF PARTNER ONLY
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
<b>STOCKS, LEWIS H TRUSTEE 3403 WAKE FOREST ROAD, SUITE 201 RALEIGH NC 27609</b>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
	<b>800003156043-7 -03/03/00--01023--013 ****141.25 ****141.25</b>
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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)(b), 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 600, Florida Statutes.

SIGNATURE: *Lewis H. Stocks, III* **SIGNATURE REQUIRED** Lewis H. Stocks, III, Trustee  
 Date: **1-31-00** Dryden Phone #: **(919) 755-5811**

CAPITOL (919) 877 5407