2001	UNIFORM	<b>BUSINESS</b>	REDCIRT	/IIRD
200	OHIFORM	DUSINESS	NEPUNI	labu

DOCUMENT # A9900	0001499	8 			
AGAWAM, LTD.		FILED			
Principal Place of Business Mailing Address 4830 WEST KENNEDY BLVD SUITE 740 4830 WEST KENNEDY BLV TAMPA FL 33609 TAMPA FL 33609		D1 MAY - 1 - PM-12:-32- SECRETARY OF STATE  TALLAHASSEE FLORIDA			
2. Principal Place of Business	3. Mailing Address				
4890 W. Kennedy Boulevard		DO NOT WRITE IN THIS SPACE			
City & Staffampa, Florida	City & Starampa, Florida	4. FEI Number Applied For			
Zip 33609-1863 CountryUSA	<b>1</b>	tryUSA  5. Certificate of Status Desired  5. Certificate of Status Desired			
6. Name and Address of Current R	legistered Agent	7. Name and Address of New Registered Agent			
ROSS, SAMUEL K	•	Name Street Address (P.O. Box Number is Not Acceptable)			
4830 WEST KENNEDY BLVD., SUITE 740 TAMPA FL 33609		4890 W, Kennedy Boulevard Suite #850			
		City Tampa FL 33609-1863			
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 an	d title if applicable. (NOT: Registere	i Agent signature required when reinstating)  DATE			
9. Capital Contributions as Shown on record. \$66,000.00	10. Amount of Capital Contril in FLORIDA to date.	putions (66,000. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER TH NOTE: General Partners MAY	IAT IS A BUSINESS EN 'ITY M'	UST BE REGISTERED AND ACTIVE WITH THIS OFFICE. ; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER		. ADDRESS CHANGES ONLY			
DOCUMENT # F99000004714  NAME - RICHLAND MINERALS, INC.		STREET ADDRESS 4890 W. Kennedy Blvd., #850			
STREET ADDRESS CITY-ST-ZIP 4830 WEST KENNEDY BLVD., SUIT TAMPA FL 33609	TE 740 CITY	ET ADDRESS 4890 W. Kennedy Blvd., #850 ST-ZIP 78mpa, Florida 33609-1863 809-1863			
DOCUMENT # NAME	STRE	ET ADDRESS S			
STREET ADDRESS CITY-ST-ZIP	CITY	ST-ZIP			
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STREET ADDRESS CITY-ST-ZIP	СІТУ	sr-zip ****\$35.00 ****\$535.00			
DOCUMENT # NAME	STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	CITY	ST-ZIP			
DOCUMENT <b>#</b> NAME	STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	CITY	ST-ZIP			
DOCUMENT   NAME	STRE	T ADDRESS			
STREET ADDRESS CITY-ST-2	CITY	ST-ZIP			
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 trustes empowered to execute this report as required by Chapter 620, Florida Statutes					
indicated on this report is true and accurate and th	iat my signature shall have the same	legal effect as if made under oath; that I am a General Partner of the limited partnership or I			