CR2E003 (11/00)

DOCU 1. Entity Nam	MENT :	# A9900	00001644	‡			
TIEGS &	HUFF THRE	EE INVESTMENTS, L'	rd.	,	•	FILED	
Principal Place of Business Mailing Address				-	01	APR 23 PM 12: 42	
81 S.E. ST. LUCIE BLVD. STUART FL 34996				881 S.E. ST. LUCIE BLVD. STUART FL 34996 TALL		CRETARY OF STATE LANASSEE, FLORIDA	
2. Principal Place of Business 3.			3. Mailing Addres	3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, et	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State			City & State	City & State		4. FEI Number 65-0956460	Applied For Not Applicable
Zip		Country	Zip	Coun	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name	and Address of Curre	nt Registered Agent		Name_	7. Name and Address of New Register	ed Agent
TIEGS, DEL V 881 S.E. ST. LUCIE BLVD.				-	Street Address (P.O. Box Number is Not Acceptable)		
STUART FI		,¥U.					
					City		Zip Code
					I		
3. The above	named entity	submits this statement	for the purpose of char	nging its registere	red office or regis	tered agent, or both, in the State of Florida.	
3. The above		r submits this statement			red office or regis	tered agent, or both, in the State of Florida.	TE.
	Signature, typed or intributions on record.	or printed name of registered age	ent and title if applicable. 10. Amount in FLORi	(NOTE: Registere of Capital Contril	ed Agent signature requ ibutions	tered agent, or both, in the State of Florida. ired when reinstating) DA 11. MAKE CHECK PAYA SEE REVERSE SIDI	TE ABLE TO DEPT. OF STATE E FOR FEE INFORMATION
SIGNATURE .	Signature, typed or intributions on record.	or printed name of registered age \$490.00 SENERAL PARTNEF	ant and title if applicable. 10. Amount in FLORI	(NOTE: Registere of Capital Contril IDA to date.	ed Agent signature requiibutions	tered agent, or both, in the State of Florida. ired when reinstating) DA 11. MAKE CHECK PAYA	TE ABLE TO DEPT. OF STATE E FOR FEE INFORMATION FICE.
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