




FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 28 AM 8:29

<b>DOCUMENT # A99000001958</b>				SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name <b>SUTTON FAMILY LIMITED PARTNERSHIP</b>		05 JUN 28 AM 8:29			
Principal Place of Business <b>5824 COVEVIEW DRIVE LAKELAND, FL 33813</b>		Mailing Address <b>5824 COVEVIEW DRIVE LAKELAND, FL 33813</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06242005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number <b>59-3614266</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SUTTON, CARLOS K 5824 COVEVIEW DRIVE LAKELAND, FL 33813</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$2,548,704.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>SUTTON, CARLOS K 5824 COVEVIEW DRIVE LAKELAND, FL 33813</b>		STREET ADDRESS	<b>300057098753 07/06/05--01068--011 **535.00</b>	
CITY-ST-ZIP					
CITY-ST-ZIP					
DOCUMENT #	<b>SUTTON, MICHAEL A 1118 LAKE DEESON POINT LAKELAND, FL 33805</b>		STREET ADDRESS		
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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					
SIGNATURE:  <b>CARLOS Keith Sutton JR.</b> 6/24/05 (863) 640-9233					