

DOCUMENT #		A99000002224	
1. Entity Name			
M & E FAMILY PARTNERSHIP, LTD.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
2145 Dennis St.		2145 Dennis St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Jacksonville, FL		Jacksonville, FL	
Zip	Country	Zip	Country
32203		32203	

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DO NOT WRITE IN THIS SPACE

City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3612887		Applied For	
Zip 32203		Country		Zip 32203		Country	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
	Name Michael A. Sandifer	
	Street Address (P.O. Box Number is Not Acceptable) 2145 Dennis St.	
	City Jacksonville,	FL 32203

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.)

DATE 11/11/11

9. Capital Contributions as Shown on record.	500,000
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10. Amount of Capital Contributions in FLORIDA to date.	500,000
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11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	M & E Enterprises of North Florida, Inc. 2145 Dennis St. Jacksonville, FL 32203	STREET ADDRESS	400003237034--4 -05/03/00-01073-005 ****526.25 ****526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 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:

By: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/2000
Date

904-78-1940

CR2E003 (9/99)