

DOCUMENT # A99000002261
1. Entity Name
HENRY W. MACLIN, JR
FAMILY LIMITED PARTNERSHIP



2005 MAY -5 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 662 Highway 98E Suite, Apt. #, etc. # 750		3. Mailing Address SAME Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State DESTIN, FL.		City & State		DUE BY MAY 1	
Zip 32541	Country QATAR	Zip -	Country	4. FEI Number 59-3679550	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE _____

9. Capital Contributions as Shown on record. <u>770,000</u>	10. Amount of Capital Contributions in FLORIDA to date. <u>500,000</u>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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			
DOCUMENT #	HENRY W. MACCLO JR 662 Highway 98 E 750 DESTIN, FLA. 32541	STREET ADDRESS	400055848714 06/07/05--01025--002 **438.75
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400055848714 06/07/05--01025--003 **97.50
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____

Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE