2002	UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # B0000000390 1. Entity Name					FILED									
FOXGLOVE SPECIALTY PRINTING L.P.					02 MAR 25 PM 3: 16									
Principal Place of Business Mailing Address 1802 N CARSON ST 21301 TAMIAMI TR SUITE 212 #320 PMB 225 CARSON CITY NV 89701 ESTERO FL 33928						SECRETARY OF STATE TALLAHASSEE. FLORIDA							1	
Principal Place of Business 3. Mailing Address														
Suite, Apt. #, etc. Suite, Apt. #, etc.			·				DUE	BY MA	V 1 2	ດດວ				
City & State		City & State	City & State			4. FEIN	•		D.EO	R	- -		ied For Applicat	
Zip	Country Zip		Country				cate of Sta	<mark>7२</mark> (atus Des	ired		\$8.75 Fee Re	5 Additi		JIE
	6. Name and Address of Current	Registered Agent	unt .			7. Name	and Add	ress of I	New Red	istered	Agent	<u> </u>		\dashv
REICHOW, RICHARD D			<u> </u>	7. Name and Address of New Registered Agent Name										
				Street A	ddress (P.0	(P.O. Box Number is Not Acceptable)							-	
21301 TAMIAMI TR #320 PMB 225			<u> </u>				900	000	151	81	35	9_	$\frac{1}{2}$	\neg
ESTERO FL 33928				City ####141.25 ##				<u> </u>	Code *141	.25				
8. The above	named entity submits this statement fo	or the purpose of changing i	its register	ed office or	registered	d agent, c	r both, in	the State	of Flori	da.				
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable.								DATE				
9. Capital Contributions as Shown on record. 10. Amount of Capital Coin FLORIDA to date.				butions	0		1				E TO DE Or fee i			
•	A GENERAL PARTNER I NOTE: General Partners MA	THAT IS A BUSINESS E AY NOT be changed on	NTITY M the form	IUST BE f n; an ame	REGISTE Indment r	RED AI	ND ACTI filed to	VE WIT	H THIS e a gen	OFFIC eral pa	CE. Irtner.			
12.	GENERAL PARTNE	R INFORMATION	13.					ADDRES	S CHAN	IGES OF	1LY			᠋.
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indicated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute the	I that my signature shall hav	e the same	e legal effer	ct as if mad	ion 119.0 de under	/(3)(i), Flo oath; that	rida Stai Lam a G	utes, I fi ieneral I	urther ce Partner c	ertity that of the lim	the info ited part	rmation tnership	or
SIGNATURE: RECALLINE PROPERTY 3/3/02 941 495 88/34 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER. Date Despititor Phone #														