

IMPORTANT INSTRUCTIONS

FILED
May 06, 2005 08:00 AM
Secretary of State

PARTNERSHIP

Principal Place of Business Mailing Address
3553 BAYARD DRIVE 3553 BAYARD DRIVE
CINCINNATI OH 45208 CINCINNATI OH 45208



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1ST MOORE CR2E003 (10/04)

4. FEI Number 31-1424098 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAINE, JEFF
400 NORTH ASHLEY, SUITE 2300
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$222,750.00 10. Amount of Capital Contributions in FLORIDA to date. ~~1,123,750.00~~

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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
	GUNDERSON, DONALD E	3553 BAYARD DRIVE	CINCINNATI OH 45208
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	GUNDERSON, MARY JEAN	3553 BAYARD DRIVE	CINCINNATI OH 45208
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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13. ADDRESS CHANGES ONLY

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05/06/05-80008-010 526.25

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: Donald E Gunderson DONALD E GUNDERSON 4/23/05 321-8824 (513)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE