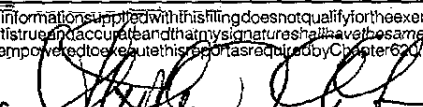


**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                             |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT# B95000000238</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |            |         |
| 1. Entity Name<br><b>STENICKPARTNERS,LTD.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                             |         |
| Principal Place of Business<br><b>921 DOUGLAS AVENUE, SUITE 200<br/>ALTAMONTE SPRINGS, FL 32714</b>                                                                                                                                                                                                                                                                                                                                                                                           |                           | Mailing Address<br><b>921 DOUGLAS AVENUE, SUITE 200<br/>ALTAMONTE SPRINGS, FL 32714</b>     |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 3. Mailing Address                                                                          |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | Suite, Apt. #, etc.                                                                         |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | City & State                                                                                |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                   | Zip                                                                                         | Country |
| 4. FEINumber<br><b>23-2812426</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | Applied For<br><input type="checkbox"/> Not Applicable                                      |         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |         |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | 7. Name and Address of New Registered Agent                                                 |         |
| <b>LAFRENIERE, STEPHEN J<br/>921 DOUGLAS AVE.<br/>SUITE 200<br/>ALTAMONTE SPRINGS, FL 32714</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 _____<br><small>Signature typed or printed in name of registered agent and will be applicable</small>                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                             |         |
| 9. Capital Contributions as shown on record. <b>\$204,930.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | 10. Amount of Capital Contributions in FLORIDA to date                                      |         |
| <b>AGENERALPARTNERTHATISABUSINESSENTITYMUSTBEREGISTEREDANDACTIVEWITHTHISOFFICE.</b><br><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#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | F95000003124              | STREET ADDRESS                                                                              |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | GRENICK CORPORATION       | CITY - ST - ZIP                                                                             |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 309 ROSE GLEN LANE        |                                                                                             |         |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | KENNETTS SQUARE, PA 19348 |                                                                                             |         |
| DOCUMENT#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | STREET ADDRESS                                                                              |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | CITY - ST - ZIP                                                                             |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                             |         |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                             |         |
| DOCUMENT#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | STREET ADDRESS                                                                              |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | CITY - ST - ZIP                                                                             |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                             |         |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                             |         |
| DOCUMENT#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | STREET ADDRESS                                                                              |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | CITY - ST - ZIP                                                                             |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                             |         |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                             |         |
| DOCUMENT#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | STREET ADDRESS                                                                              |         |
| 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)(f), Florida Statutes. If 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:                                                                                                                                                                                                                                                                                                                                                                                                 |                           | STEPHEN J. LAFRENIERE 4/19/05 (401) 786-4001                                                |         |
| SIGNATURE, PRINTED OR PRINTED NAME OF SIGNING GENERAL PARTNER                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | Date Daytime Phone #                                                                        |         |