FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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Sign April 8 of South Provided South Registered Agent South Registered Agent South South Registered Agent South South Registered Agent Registered Agent Agent Registered Agent Registered Registered Agent Registered Registered Agent Registered Reg		, 100mm		li e e e e e e e e e e e e e e e e e e e	DO NOT WRITE IN THIS SPACE.	
Sign April 8 of South Provided South Registered Agent South Registered Agent South South Registered Agent South South Registered Agent Registered Agent Agent Registered Agent Registered Registered Agent Registered Registered Agent Registered Reg	2. Mailing Address	Principal Office Address		4. Date Formed or Registered	28/22/05	
Accepted County County C	Sulle, Apt # etc	Suite, Apr. W. etc.	-	WE.		
County 19 381. State of Country of Formation Delaware 8.38 3	City & State		<u> </u>	-59-33283	89 Not Applicable	
38. Cupul Contributors as Shown \$19,000,000,000 \$1,000,000,000 \$2,000,000,000 \$3,000,000,000 \$3,000,000,000 \$4,000,000,000 \$4,000,000,000 \$4,000,000,000 \$4,000,000,000 \$4,000,000,000 \$5,000,000,000 \$6,000,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,0	lakeland, Florida	7 —			ED S8 /9 Add Isotal Les require	
FEES:11 Fling Fae(a) Computed at a rate of \$7 per \$1,000 on amount entered in \$8, with a minimum filling fee of \$62.50 and a maximum of \$100 per \$1,000 on amount entered in \$8, with a minimum filling fee of \$62.50 and a maximum of \$100 per \$1,000 on amount entered in \$8, with a minimum filling fee of \$62.50 and a maximum of \$100 per \$1,000 on amount entered in \$8, with a minimum filling fee of \$62.50 and a maximum of \$100 per \$		[·				
3) Penalty Facility and penalty less for each year report from a distinouers. Note: It is the mount reliand to bit is greater than amount entered in Se, a supplemental efficient must be submitted along with a separate and appropriate filting fee. 5) Name and Address or united Registered Apent: 10, It changed, new registered agent/office. Name Street Address (P.O. Box Number Name Name Street Address (P.O. Box Number Name	8a. Capital Contributions as Shown on Record		ed at a rate of \$7 per l			
Note: It be amount entered in 8b. a greater than amount entered in 8b. a supplemental affidant must be submitted along with a separate and appropriate filting fee. 9. Name and Address of two two with Perfect of the proposed of the purpose of changing as engineered often or registered agent of the purpose of changing as registered often or registered agent, or both, in the State of Porta. Such change was submitted by the general perfect for the purpose of changing as registered of section 8 death of s		2.) Supplemental Fee(s):	\$103.75 for each yea		year.	
Name SE. Decker 4/4/ South Florida Avenue Street Address (P.O. Box Number 1-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	Bb. Amount of Capital Contributions in FLORIDA in date	Note: If the amount entered in 8b is			e submitted along with a separate and	
Superior of the purpose of changing as registered depent of registered Agent Accepting Appointment of registered Agent Accepting Appointment is a Corporation, Limited partnership organized by its general partner (b) Thereby accept the appointment of registered Agent Accepting Appointment of accepting Appointment of Agent Accepting Appointment of Agent Accepting Appointment of Agent Business (P.O. Box Numbers) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Names of General Partner(s) City, State and Zip Code 11a. Pregistration Document Numbers Address (P.O. Box Numbers) City State and Zip Code 11a. Pregistration Document Numbers Partnership organized under the laws of the State of Florida, submits the statement of registered agent accepting Appointment (Partnership organized Agent Accepting Appointment of registered Agent Accepting Appointment Agent Agen				10. If changed, new registered	agenVoffice	
Lake land, Florida 33813 City FL Zip Code The purpose of changing is registered space of registered space, or both, in the State of Florida. Such change was authorized by lis general partner(s). Thereby accept the appointment of registered agent 1 am familiar with, and accept the obligators of section 820.192. Florida Statutes. IGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Names of General Partner(s) Address of Each General Partner (Do NOT Use Post Office Box Numbers) City, State and Zip Code 11a. Pegistration Document Number Tomes E. Decker 4/4/S. Florida Ave Lakeland, Fl. 3884 REINSTATEMENT 97 REINSTATEMENT PARTNERSHIP OR OTHER BUSINESS ENTITY ACC5-14	James E. Dec	ker,				
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108. Pursuant to the provisions of sections 520 1051 and 520 102. Florida Statules, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 520 192. Florida Statules. IGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Namos of General Partner(s) Address of Each General Partner (c) NOT Use Post Office Box Numbers) City, State and Zip Code 11a. Progretation JOMES E. Decker 4/4/ S. Florida Ave Lakeland, Fl. \$883 B9 5000000000000000000000000000000000000				****B5		
to the purpose of changing its registered office or registered spent, or both, in the State of Florida. Such change was sulhorized by its general pertner(s). Thereby accept the appointment of registered agent. I am terminar with, and accept the obligations of section 620.192. Florida Statutes. DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (b) Address of Each General Partner (c) City. State and Zip Code 11a. Registration Document Number Tames E. Decker 4/4/S. Florida Ave Lakeland, Fl. 3884 REINSTATEMENT 97 REINSTATEMENT 97	rake land, i loin	258/2	City		FL Zip Code	
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (b) Robot Use Post Office Box Numbers) City, State and Zip Code 11a. Pegistration Document Number REINSTATEMENT PROJECTION PROJECTION REINSTATEMENT PROJECTION PROJECT	agent. I am familiar with, and accept the obligations of signature.	f section 620.192, Florida Statutes.	:	DATE		
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REINSTATEMENT 97 PC.5-14	11. Names of General Partner(s)			City, State and Zip Code		
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.		NEWS IN EWENT				
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				(PC5-14	
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trans. Antigram because and trans the character and activities and activities and activities and activities and activities because the contract and activities activities and activities and activities activities activities and activities activities and activities ac	Note: General partners MAY NOT	be changed on this form	n: an amend	ment must be filed to cha	nge a general partner.	
12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of						

1.2. I do nereby certify that the information supplied with this thing is voluntarily further led in obes for qualify for the specific properties.

Corporations from any liability of non-compliance with Section 119.0/3(k)k) in the event that the information supplied is deemed exempt from public access. If the the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chaptal 620. Florida Statutes.

SIGNATURE

DATE 941/647-3000