504-971-6200

SIGNATURE:

DOCUMENT # B9700000041 /				F. (F)	II En	
1. Entity Name SPIDEV LIMITED PARTNERSHIP				DIVISION OF	SECRETARY-OF-STATE DIVISION OF CORPORATIONS	
0, 100			$\vee$	NO DOT 1.	- ON ORALIONS	
Principal Place of Business Mailing Address				00 OCT 10	AM 11: 02	
2542 WILLIAMS BLVD. 2542 WILLIAMS BLVD. KENNER LA 70062-5596 KENNER LA 70062-5596			· / /			
	••••	•		( ( CERTARI ( DECE 2011) ( DATE 4 ( DECE 10 DE 11 DE 1	18121 88112 01882 1181 2 <b>0</b> 87	
· · · · · · · · · · · · · · · · · · ·		3. Mailing Address 2542 Williams	Ranlaward	7 1001182 1010 10111 10011 00111 00111 00111 00111	TANK KONN GISAL NALISAL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	DOGTEVALG	DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
			gal Departi			
		City & State Kenner, LA		4. FEt Number 72-1350129	Applied For Not Applicable	
Zip Country		Zip · Country			.75 Additional	
32514	USA	70062	USA	Fee  7. Name and Address of New Registered Agen	Required	
	6. Name and Address of Curren	T Hegistered Agent	Name	7. Marine and Address of New Registered Agen	<u>"                                    </u>	
GART, DA	VIDA, c/o Shutts & B	lowen	Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
250 AUSTRALIAN AVENUE SOUTH, SUITE 500			Sireer Ad	Order Address (i.e. box Hamber is Not Address by		
WEST PALM BEACH FL 33401			Į.			
			City	y FL Zip Code		
9. Capital Co as Shown	on record.	10. Amount of Capit in FLORIDA to d	ate.	11. MAKE CHECK PAYABLE TO SEE REVERSE SIDE FOR FE		
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN	TITY MUST BE R	EGISTERED AND ACTIVE WITH THIS OFFICE.  Idment must be filed to change a general partner	1.	
12.	GENERAL PARTNE		13.	ADDRESS CHANGES ONLY		
DOCUMENT #	SIZ-DEVELOPMENT, INC.		STREET ADDRESS			
name Street address			OUTS, OT THE	CT 710		
CITY-ST-ZIP	KENNER LA 70062-5596		CITY-ST-ZIP	30000342904 	434	
DOCUMENT # NAME			STREET ADDRESS		**150.00	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		[	
DOCUMENT.#		د مدخوه ید. سید مید ی د	STREET ADDRESS	and the second s		
STREET ADDRESS City-St-Zip		, remain	CITY-ST-ZIP			
DOCUMENT # NAME	1		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		f	
DOCUMENT / NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT# NAME A STREET ADORESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
14. I hereby of indicated	certify that the information supplied wi on this report is true and accurate an	th this filing does not qualify for d that my signature shall have	the exemption state the same legal effect	id in Section 119.07(3)(i), Florida Statutes. I further certify the las if made under oath; that I am a General Partner of the I	nat the information limited partnership or	