DOCUMENT# B990000087 1. Entity Name DUNN-SIMONS, L.P.					-10		SECRETARY O ISION OF COR	F STATE	10
Principal Place of Business 309 E. OSCEOLAS ST SUITE 208 STUART FL 34994 Mailing Address 309 E. OSCEOLAS STUART FL 34994 STUART FL 34994			309 E. OSCEOLAS ST.	ST., SUITE 208		00 JUL 17 PM 1: 25			
2. Principal Place	of Business	3.	Mailing Address			— IIIIII			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Numbe	r		Applied For
Zip Country			Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required			
6	i. Name and Address	of Current Regi	stered Agent				Address of New R	egistered A	gent
DUNN, WILLIA				···		/00 David			
	309 E. OSCEOLAS ST., SUITE 208				Street Addres	(P.O. Box Number is Not Acceptable)			
STUART FL 34994									
STUART FL 34	4994			;					V 7 Control
3. The above nam	4994 ned entity submits this	statement for the	purpose of changing	its registere	City ed office or regis			FL	Zip Code
3. The above nam	ned entity submits this sture, typed or printed name of utions \$999,99	registered agent and title	e if applicable. (N 10. Amount of Ca in FLORIDA to	IOTE: Registered pital Contrib date.	ed office or regis d Agent signature requ outlons	stered agent, or both	n, in the State of Flo 11. MAKE CHEC SEE REVERS	FL rida. DATE K PAYABLE ' SE SIDE FOR	Zip Code TO DEPT. OF STATE FEE INFORMATION
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #