-	DI EASE DE	TOM LIA AA	RUCTIONS B	EEODE C	OMDI ET	ING THIS FOR	PAA	
APF REIN	FGG 1	FLORID	A DEPARTMENT Katherine Harri Secretary of Stal VISION OF CORPORAT	OF STATE is le	OWN CET	£	ILED IY OF STATE CORPORATIONS	
DOCU	JMENT # F950	27		99 OCT 28 PM 4:41				
FT GAI	NESVILLE PARTNER	RS, INC.						
Principal Pl	ace of Business	Mailing Addr	Mailing Address					
116 SE 1ST ST GAINESVILLE FL 32601 US			116 SE 1ST ST Gainesville fl 32601 US					
2 New Prin	ncipal Office Address, If Applicable	3. New Mail	ough incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     08/31/1995		
Suite, Apt #, etc. City & State			Suite, Apt #, etc.  City & State			· · · · · · · · · · · · · · · · · · ·	Applied For	
Zip Country		Zip Zip	Country		56-1936558 Not Applicable  6. CERTIFICATE OF STATUS DESIRED Status.			
7. Names	and Street Addresses of Each Office							
Name of Officers and/or Directors			Street Office	Street Address of Each Officer and/or Director		Cir	ty / State / Zip	
PT	CAIN, PATRICK E	4830 NW 43RD ST,	0-238 N-2	CAINESVILLE FL 32606				
vs	CAIN, SARAH C		4830 NW 43RD ST;	0-238 N-2	CAINESVILLE FL 32606			
					3	0000303	354630 9-01085003	
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					Mil			
,					A III	7		
	8. Name and Address of C	urrent Registered Ag		Name	9. Name and	Address of New Regist	ered Agent	
	PATRICK E. E 1ST ST			O. Box Number	is Not Acceptable)			
	SVILLE FL 32601	Suite, Apt. #, Etc						
			1	City			State Zip Code	
Signature of Registered		3 Cam	oration, am familiar with	and accept the of	oligations of Sec	Date	r/99	
this rein	that I am an officer or director or th statement application, the reason f y the corporation have been paid a application is true and accurate, an	e receiver or trustee e or dissolution has bee nd the names of indivi	mpowered to execute this n eliminated, the corporate duals tisted on this form of	te name satisfies do not qualify for	the requirement an exemption un	s of section 607.0401 or	617.0401, F.S., that all fees	
SIGNA	TURE: SIGNATURE AND TYPED	OR PRINTED NAME OF	SIGNING OFFICER OR DIR	ECTOR		10/25/99 Date	352-375769c	

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