GRÊÁTER OVIEDO CHAPTER #5067 OF AMERICAN ASSOCIA  FILED  OD DEC 29 PM I2 04  SECRETARY DE STATE TALLAHASSEE FLORIDA  SECRETARY	DOCUMENT # N9500004988  1. Entity.Name **					1		
27 P. POST WAY CASSELBERRY FL 22/RV US  2. Principal Place of Business 2. Principal Place of Business 3. P. P. S. C. S. CANAC. O PLACE 3. P. P. S. C. S. CANAC. O PLACE 3. P. P. S. C. S. CANAC. O PLACE 3. P. P. S. C. S. CANAC. O PLACE 3. P. P. S. C. S. CANAC. O PLACE 3. P. P. S. C. S. CANAC. O PLACE 3. P. P. S. C. S. CANAC. O PLACE 3. P. P. S. C. S. CANAC. O PLACE 3. P. C.	GREATER OVIEDO CHAPTER #5067 OF AMERICAN ASSOCIA					<del></del>		
2. Principal Pace of this press  18 2 3 C S Abulds S Prior  Suite, April 4 Feb.  Suite, April	Principal Place of Business Mailing Address				00	00 DEC 29 PM 12: 04		
Subs, Ap it etc.  Subs, Ap it	CASSELBERRY FL 32707 CASSELBERRY FL 32707			SECRETARY OF STATE TALLAHASSEE FLORIDA				
Second   S	7823 C SHOALS Drive 7823 C SH			bals dvic	ZE REAK		şe <sup>k</sup> ce	
8. Name and Address of Current Registered Agent  THOMAS, BILLIE C 272 N POST WAY CASSELBERRY FL 32707  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Fiorda.  SIGNATURE Separate tool or preservers (in groupe agent and its applicable in Contraction)  FILE NOW: FEE IS \$61.25  After September 13, 2000 mln. will be \$236.25  Trust Fund Contribution:  This NAME THOMAS, BILLIE C 272 N POST WAY Casselberry FL 32707  SIGNATURE Separate tool or preservers (in groupe agent and its applicable in Contraction)  FILE NOW: FEE IS \$61.25  9. Election Companyin Financing Trust Fund Contribution:  This NAME THOMAS, BILLIE C 272 N POST WAY CITY ST-29  OPP D Delete NAME STEET ADDRESS 272 N POST WAY CITY ST-29  OPP D Delete NAME FIELDER, ED STEET ADDRESS 272 R UNNING SPRINGS LOOP OPT-ST-29  OPED CITY ST-29  OPED CITY S				= (,	4. FEI Number	52-1863498	<u> </u>	
8. Name and Address of Current Registered Agent  THOMAS, BILLE C 272 N POST WAY CASSELBERRY FL 32707  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.  SIGNATURE  STORMAN PEE IS \$61.25  After September 13, 2000 min, will be \$236.25  THE NOW: FEE IS \$61.25  After September 13, 2000 min, will be \$236.25  THOMAS, BILLE C 272 N POST WAY CASSELBERRY FL 32707  THE PO DEBUG MAKE STREET ADDRESS OTTY-ST-2P OWEDO FL 32765  OTTY-ST-2P OWEDO FL 32765  THE STREET ADDRESS OTTY-ST-2P OWEDO FL 32765  THE NAME STREET ADDRESS				Country (1 S A	5. Certificate of	of Status Desired		
THOMAS, BILLE C 272 N POST WAY CASSELBERRY FL 32707  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.  SIGNATURE    SUBMATURE   STELL NOW: FEE IS \$61.25   After September 13, 2000 min. will be \$236.25   THE NOW: FEE IS \$61.25   After September 13, 2000 min. will be \$236.25   THE NAME   POST WAY   CHANGES TO OFFICERS AND DIRECTORS IN 10  THE NAME   FILLE NOW: STELL N	7201		<del></del>		7. Name and /	Address of New Registered	egent	
THOMAS, BILLIE C 272 N POST WAY CASSELBERRY FI 32707  E. 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.  SIGNATURE  SUPPLY				Name J	and G.C	15 G. Crystle		
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.  SIGNATURE    Signature   Signat	THOMAS, BILLIE C 272 N POST WAY Street Address 7 \$ \( \frac{1}{2} \)				ress (P.O. Box Number	(P.O. Box Number is Not Acceptable)		
SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61.25  After September 13, 2000 min. will be \$236.25  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME  SIRET ADDRESS  OTY-ST-2P  OVED F1 32765  TITLE  NAME  SIRET ADDRESS  OVED F1 32765  TITLE  OVED F1 32765  TITLE  D  Delete  TITLE  NAME  SIRET ADDRESS  OVED F1 32765  TITLE  OVED F1 32765  TITLE  NAME  SIRET ADDRESS  OVED F1 32765  TITLE  OVED F1 32765  TITLE  OVED F1 32765  TITLE  TO DELETE THE NOW THE NAME THAT THATCH PALM COURT  OVED F1 32765  TITLE  TO DELETE THE NAME  SIRET ADDRESS  OVED F1 32765  TITLE  TO DELETE THE NAME  SIRET ADDRESS  OVED F1 32765  TITLE  OVED F1 32765  TITLE  TO DELETE THE NAME  SIRET ADDRESS  OVED F1 32765  TITLE  OVED F1 3276	City				In land of o	FL	Zip Code	
SIGNATURE    Signature, Noted or privind name (Agustered agent and the 1 applicable)   PATE: Registered Agent algorithmic recogning when reinitating)   DATE								
After September 13, 2000 min. will be \$236.25  Trust Fund Contribution. Added to Fees Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE PD THOMAS, BILLIE C STREET ADDRESS 272 N POST WAY CITY-ST-2IP CASSELBERRY FL 32707  TITLE VPD DEBT TITLE VPD DEBT TITLE SD STREET ADDRESS CITY-ST-2IP OVIEDO FL 32765  TITLE SD DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE TO DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE TO DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE TO DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D DEBT DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE TO DEBT DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D DEBT DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D DEBT DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D D DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D D DEBT DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D D DEBT DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D D DEBT DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D D DEBT DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D D DEBT DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D D DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D D DEBT DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D D DEBT DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D D DEBT DEBT DEBT DEBT CITY-ST-2IP OVIEDO FL 32765  TITLE D D DEBT DEBT DEBT DEBT DEBT DEBT DEBT	SIGNATURE SG. CHITE 8/13/2000							
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