Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90283 043 ***150.00

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1. Entity Name



Mailing Address	SR-16 RE	IP, INC.							
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Suite, Apt. 4, etc. Suite, Apt. 4, etc. CHECK HERE IF MAKING CHANGES	ST. AUGUSTIN	IE FL 32084	ST. AUGUSTINE FL 32084	1			1 144 176 11 1144 1441 4141 1441 4141 4		
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Separation Sep	Suite, Apt. #, etc. Suite, Apt. #, etc.								
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIFER RING, ROBERT A			City & State			4.	59-3496515	├ ~+~`	<u> </u>
EBERLING, ROBERT A 1400 OLD DIXIE HWY, STE. E ST. AUGUSTINE FL 32086 1797 OLD MOULTRIE RD., # 107 City F. AUGUSTINE FL 2006 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. I am liaminar with, and accept the cibligations of registery are greatly and this is expected. SIGNATURE FL 2000 SIGNATURE FL 2000 SIGNATURE FL 2000 FLIE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE MAKE STREET ADDRESS OTY-S1-2P TILE MAKE STREET ADDRESS OTY-S1-2P TILE TILE MAKE STREET ADDRESS OTY-S1-2P TILE TILE MAKE STREET ADDRESS OTY-S1-2P	Zip	Country Zip		Country				Fee Require	
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Street Address (P.O. Box Number is Not Acceptable)			والمحمدين والمراد والمستسب		Name Ro	BER	+ A. EBERLING	Ť 4	
ST. AUGUSTINE FL. 32086 1797 OLD MOULTRIE RD., # / 0.7 City F. AUGUSTINE FL. 2008 / 2 S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent and table it supposes. (MOTE Registered Agent signature reaked when remissions) Dafe	ı			Ţ					
6. 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. I am familiar with, and accept the obligations of registrery pagent.				-					
B. The above named entity submits of signapred grant. SIGNATURE Signature	ST. AUGU	STINE FL 32086						# 107	
B. The above named entity submits of signapred grant. SIGNATURE Signature					City St. A	UGU	STINE	320	84
SIGNATURE Signature, Year or prietral source of segulatered superal and tribe if dispolatable. (NOTE, Registative) Agent appratulate modeling of septiating Date	The above the obligat	named entity submits this statement for	or the purpose of changing its	s registere	d office or regis	stered ag	gent, or both, in the State of Florida. I	am familiar with,	and accept
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (10/02)