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Master of Laws in Estate Planning

9/11 R/A change

Mirlene E. Dubreuz
Office Manager

September 6, 2002

PERSONAL & CONFIDENTIAL

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

A01-752

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-09/11/02--01028--006
*****35.00 *****35.00

Re: BURD FAMILY LIMITED PARTNERSHIP NO. 2, LLLP
Our Client Reference No. 91 (F.2)

Dear Sir/Madam:

Enclosed please find the following:

1. Statement of Change of Registered Office or Registered Agent or Both for Corporations for **BURD FAMILY LIMITED PARTNERSHIP NO. 2, LLLP**; and
2. Check made payable to the "Department of State" in the amount of \$35.00.

Please acknowledge receipt of this letter and enclosed documents. Kindly sign the acknowledgment copy of this letter and return it to me in the envelope provided for your convenience. Thank you for your cooperation.

Very truly yours,

Drew La Grande
DREW LA GRANDE
For the Firm

02 SEP 11 AM 9:15
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DL/lr

Enclosures

HA\CLIENTS\BURD\LETTERS\2002-8-21 RA (FLP NO 2).DOC

Receipt of the above-mentioned form and check in the amount of \$35.00 is hereby acknowledged
this _____ day of _____, 2002.

DEPARTMENT OF STATE

By: _____

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Burd Family Limited Partnership No. 2, LLLP
Name of the limited partnership
2. 5/31/01 3. A01000000752
Date of filing/registration in Florida Document number assigned

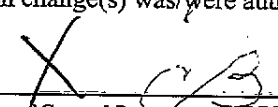
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Barry A. Nelson, Esq.
Name
19495 Biscayne Blvd., Suite 609
Address
Aventura, FL 33180
City, State and Zip

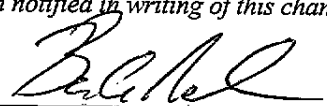
5. The name and address of the new registered agent and/or office:

Barry A. Nelson, Esq., c/o Nelson & Levine, P.A.
Name
2775 Sunny Isles Blvd., Suite 118
Florida street address (P.O. Box not acceptable)
North Miami Beach, FL 33160
City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner CLARA BURD, President
CB FAMILY HOLDINGS, INC., General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.


Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

FILED
02 SEP 11 AM 9:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA