

AD3000001172

(Requestor's Name)

(Address)

(Address)

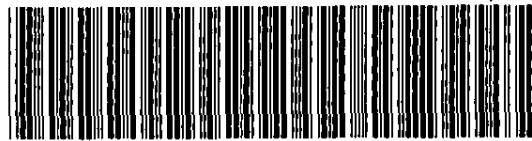
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



400201083834

04/12/11--01002--012 \*\*95.00

Special Instructions to Filing Officer:

**L. SELLERS**

APR 12 2011

**EXAMINER**

Office Use Only

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 11 PM 4:23

**FILED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fenton Partners Limited  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A03000001172

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kimberly Redash  
Contact Person  
Juno Partners  
Firm/Company  
11601 Kew Gardens Ave., #101  
Address  
Palm Beach Gardens, FL 33410  
City, State and Zip Code  
kim@bcdevco.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Redash at ( 561 ) 630-5116  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Fenton Partners Limited  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/15/2003  
Date of filing/registration in Florida

3. A03000001172  
Florida document number

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

CSC  
Name  
1201 Hays Street  
Address  
Tallahassee, FL 30301-2525  
City, State and Zip

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

Haile, Shaw & Pfaffenberger PA  
Name  
660 US Hwy, 3rd Floor  
Florida street address (P.O. Box not acceptable)  
North Palm Beach FL 33408  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of 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 an accept the obligations of my position as registered agent.*

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

11 APR 11 PM 4:23  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA