A05000001265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 31 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST FLORIDA MANAGEMENT LLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A05 00000 1265

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:

WILLIAM BARTLEY
Contact Person

FIRST FLORIDA MANAGEMENT LLP
Firm/Company

600 DRUID ROAD EAST
Address

CLEARWATER, FL. 33756
City, State and Zip Code

bill@FIRSTFLMGMT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM BARTLEY at (727) 535-9895
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. FIRST FLORIDA MANAGEMENT LLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/27/2005
Date of filing/registration in Florida

3. A05000001265
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:

LENORE JACOBS
Name

600 DRUID ROAD E.
Address

CLEARWATER, FL. 33756
City, State and Zip

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

JAMES W. MOYLES III
Name

600 DRUID ROAD EAST
Florida street address (P.O. Box not acceptable)

CLEARWATER FL FL 33765
City, State and Zip

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TALLAHASSEE, FLORIDA

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

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 of Registered Agent

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