A09000000138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

APR 6 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HURTAK FAMILY PARTNERSHIP, LTD.
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A96000000138

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:

John A. Hurtak
(Contact Person)

(Firm/Company)

525 NE 58 Street
(Address)

Miami, FL 33137
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John A. Hurtak at (305) 759-8585
(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

INHS04 (01/06)

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. HURTAK FAMILY PARTNERSHIP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. January 18, 1996
Date of filing/registration in Florida

3. A96000000138
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:

John A. Hurtak
Name

525 NE 58 Street
Address

Miami, FL 33137
City, State and Zip

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

JAMES M. HURTAK
Name

656 State Road 50
Florida street address (P.O. Box not acceptable)

Clermont FL 34711
City, State and Zip

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

Jeanne E. Hurtak
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.

James M. Hurtak
Signature of Registered Agent

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