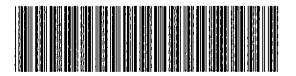
## A9700001952

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EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations SUBJECT: JORAMO PARTNERS, LTD (Name of Limited Partnership or Limited Liability Limited Partnership) **DOCUMENT NUMBER:** <u>A97</u>000001952 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: STEVEN FRIEDMAN, ESQ. (Contact Person) (Firm/Company) 1806 N. FLAMINGO RD., SUITE 410, (Address) PEMBROKE PINES, FL 33028 (City, State and Zip Code) For further information concerning this matter, please call: STEVEN FRIEDMAN at ( 954 ) 385-7282 (Area Code and Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

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

JORAMO PARTNERS, LTD	•
<u> </u>	Limited Liability Limited Partnership
09-10-1997	<sub>3.</sub> A9700001952
Date of filing/registration in Florida	Florida document number
. The name of the registered agent and the registe Department of State:	ed office address as shown on the records of the Florida
KATHERIN PYE	ATT
	lame
221 W. HALLAND.	ALE BEACH BLVD. STE. 222
A	ddress
HALLANDALE, F	_ORIDA 33009
City, S	ate and Zip  egistered agent and/or office:
The name and Florida street address of the new	
STEVEN FRIEDI	IAN, ESQ.
	lame
1806 N. FLAMIN	ame 登 GO RD., SUITE 410, 完
Florida street address	(P.O. Box not acceptable)
PEMBROKE PIN	ES <sub>FL</sub> 33028
City. S	ate and Zip

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 amaccopt the obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50