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2006 MAY 30 P 3: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

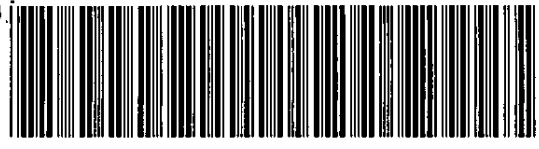
(City/State/Zip/Phone #)

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(Document Number)

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

2000 MAY 30 P 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Laxer Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. January 2, 2000 Date of filing/registration in Florida
3. A00000000024 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:

Gertrude R. Laxer
Name
1208 South Howard Avenue
Address
Tampa, FL 33606
City, State and Zip

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

David Laxer
Name
1208 South Howard Avenue
Florida street address (P.O. Box not acceptable)
Tampa FL 33606
City, State and Zip

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

David Laxer
Signature of General Partner David Laxer, Trustee of the David Laxer 1993
Trust dated May 27, 1993, as amended

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.

David Laxer
Signature of Registered Agent David Laxer

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