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(Requestor's Name)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	_
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COVER LETTER

TO: Registration Section					
Division of Corporations					
SUBJECT: STRAUB INVESTMENTS, LTD.					
(Name of Limited Partnership or Limited	ed Liability Limited Partnership)				
DOCUMENT NUMBER: A0000000876					
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	d Office and/or Registered Agent and				
Please return all correspondence concerning this	s matter to:				
Glenn E. Straub					
(Contact Person)					
Pishon Partners, LLC					
(Firm/Company)					
505 S. Flagler Drive, Suite 1002	2001 SEC				
(Address)	AR 8				
West Palm Beach, FL 33401	2001 OCT 12 SECRETARY ALLAHASSE				
(City, State and Zip Code)	OF S				
For further information concerning this matter, p	please call:				
Glenn E. Straub	(561)655-444 ²				
(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:	MAILING ADDRESS:				

Registration Section
Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

INHS04 (01/06)

Registration Section
Division of Corporations
Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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. Straub Inve	estments, LTD.				
Na	me of Limited Partnership or Limit	ed Liability Limited	1 Partnership)	
2.5/26/2000 3. A00000000			000087	' 6	
Date of filing/registration in Florida		Florida document number			
4. The name of the re Department of State:	egistered agent and the registered of	fice address as show	wn on the rec	ords of the Flor	ida
	Corporate Creations	Network, In	C.		
	Name	; -			
	11380 Prosperity Far	rms Road #2	221E		
	Addres	is			
	Palm Beach Garden	s, FL 33410) ,	≒ ~	
	City, State a	nd Zip			
5. The name and Flo	rida street address of the new regist	ered agent and/or of	ffice:	2007 OCT 12 SECRETARY ALLAHASSI	روسون بروسون ۱۰۲
	Pishon Partners, LLC)		12 SSE	
Name				E P	G-man
	505 S. Flagler Drive,	Suite 1002		T O STAT LORN	
	Florida street address (P.O	. Box not acceptable	e)	1: 02	
	West Palm Beach	_{FL} FL	33401		
	City, State a	nd Zip			
6. Such change(s) is/	are effective when filed by the Flor	ida Department of S	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