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COVER LETTER

TO: Registration Section						
Division of Corporations SUBJECT: MOSLING GROUP, LTD.						
(Name of Limited Partnership or Limited Liability Limited Partnership)						
DOCUMENT NUMBER: A00000001188						
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:						
TRUDY DODSON						
(Contact Person)						
CASEY CIKLIN et al						
(Firm/Company)						
515 NORTH FLAGLER DRIVE, SUITE 1800						
(Address)						
WEST PALM BEACH, FLORIDA 33401						
(City, State and Zip Code)						
For further information concerning this matter, please call:						
·						
TRUDY DODSON at (561) 820-0341 (Name of Contact Person) (Area Code and Daytime Telephone Number)						
(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 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)						

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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. MOSLING GR	OUP, LTD.			
Name	of Limited Partnership or Lim	ited Liability	Limited Partnership	_
2. 7/27/2000		3.	A0000001188	
Date of filing/registration in Florida		Florida document number		
4. The name of the regis Department of State:	tered agent and the registered	office addres	s as shown on the records of the Flori	ida
	STEWART, CARL M.			
_	Nan	ne		
	1050 RIVERSIDE AV	ENUE		
_	Addr	ess		
	JACKSONVILLE, FL	32204		
	City, State			<u>_</u>
5. The name and Florida	street address of the new regi	stered agent	and/or office:	/ UE
	BRIAN M. O'CONNEL	L, ESQ.		
	Nan	ne		5
	515 NORTH FLAGLER	DRIVE, S	SUITE 1800	
. –	Florida street address (P.			Ö
	WEST PALM BEACH	1	FL33401	36
	City, State		L	
	effective when filed by the Fk		nent of State.	
Signature of General Par		, PRESIDI	ENT	
comply with the provision		proper and	et in this capacity. I further agree to complete performance of my duties, egistered agent.	
Signature of Registered	Agent Dr. ALM. O	anal		
Filing Fee: Certified Copy (opt	\$35.00			