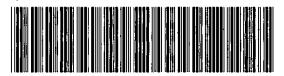
H000001216

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies : Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

J. BRYAN

AUG 19 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: B.M.F. F Name of Limited Partner	amily Limited Partnership
Name of Limited Partner	rship or Limited Liability Limited Partnership
DOCUMENT NUMBER:	A0000001216
The enclosed Statement of Change of Refee(s) are submitted for filing.	egistered Office and/or Registered Agent and
Please return all correspondence concern	ning this matter to:
Christian M. Fleming	g
Contact Person	<u>.</u>
Fleming & Fleming, Pl	LLC AS G
Firm/Company	CR
11891 US Highway One, S	Suite 100
Address	SSE -
North Palm Beach, FL 3	33408
City, State and Zip Code	
cfleming@lawpalmbe	each.com
E-mail address: (to be used for future annu-	al report notification)
For further information concerning this r	matter, please call:
Christian M. Fleming	at (561) 622-2700
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable	e 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 32301	Tallahassee, FL 32314

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	B.M.F. Family Lin			
N	ame of Limited Partnership or Lim	ited Liability L	imited Partnersh	ip
2	7/27/2000	3	A000000	
Date of filin	g/registration in Florida		Florida docume	ent number
4. The name of the r Department of State:	registered agent and the registered of	office address a	s shown on the re	ecords of the Florida
	Joshua M.	Fleming		
	Nam			
	2 Carrick	Road		SI SI
	Addre	ss		CR CR
Palm Beach Gardens, FL 33418				HAA H
	City, State	and Zip		7 SSE SSE
5. The name and Flo	orida street address of the new regis	tered agent and	d/or office:	AM 10: OF STA E. FLOR
	Christian M	Fleming		or –
	Nam	e		<u>9</u> E o
	1 Cypres	s Cove		
	Florida street address (P.O	D. Box not acco	eptable)	
	Palm Beach Garde	ns FL	33418	
	City, State	and Zip		
6. Such change(s) is	/are effective when filed by the Flo	rida Departme	nt of State.	
Contra	In Flein			
Signature of General	Partner			
comply with the prov	appointment as registered agent and issions of all statutes relative to the the an accept the obligations of my p	proper and co	mplete performat	l further agree to nce of my duties,
Signature of Register	red Agent			
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50