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MUUUU	000013
00855-00524-00li76-C	19963 fee for Reinst. \$500
(Requestor's Name)	For
(Address)	
(Address)	700068618387
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/27/0601059015 **4105.80
(Business Entity Name) A: — (Q 7 3) (Document Number)	03/21/00 01030 013 ***************************
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2006

JEFFREY SETH SELZER, ESQUIRE SELZER & WEISS, P.A. 2550 NE 15TH AVE FORT LAUDERDALE, FL 33305

SUBJECT: THE ELIZABETH M PARDUE FAMILY LIMITED PARTNERSHIP

Ref. Number: A0000001973

We have received your document for THE ELIZABETH M PARDUE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$4105.00. However, the document has not been filed and is being retained in this office for the following:

The fee to file the Reinstatement for this Limited Partnership is \$5000. This includes \$1000 per year, 2002 through 2006. There is a balance due of \$1000. Please send a check in this amount for processing. The amendment and registered agent change forms have also been retained and will be processing simultaneously with the reinstatement.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 406A00021725

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

THE ELIZABETH M. PARDUE FAMILY LIMITED PARTNERSHIP			
Name of the limited partnership			_
2. 12/18/2000	<u>, </u>		
Date of filing/registration in Florida Document number assigned			
4. The name of the registered agent and the registered office address as shown on the record	s of th	e Flor	ida
Department of State: KAHN, L. ESQ.			
Name			
18 NE 2ND AVE			
Address			
DANIA BEACH, FL 33004		*	A
City, State and Zip		2	
		06 NºR 20	
5. The name and address of the new registered agent and/or office:	<u>-:</u> —	ž	
JEFFREY SETH SELZER, ESQUIRE	- نب	23	£
Name	1111 · .	PH	!11
2550 NE 15TH AVE			
Florida street address (P.O. Box not acceptable)	∏- ⊒27,	••	
FORT LAUDERDALEEL 33305	と言	7	
City, State and Zip	- "		
6. Such change(s) was/were authorized by the general partners.			
X Susan Pardne Smith Signature of General Partner	-		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further with the provisions of all statutes relative to the proper and complete performance of my a familiar with and accept the obligations of my position as registered agent. Or, if this docume merely to reflect a change in the registered office address, I hereby confirm that the limited been notified in writing of this change.	agree luties, ent is b partne	to con and I veing f ership	iply am iled has

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00