A01000000094

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	, , , , , , , , , , , , , , , , , , ,
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
789, 707,4	27	did
,	Office Use Only	Mos



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01/24/05--01053--010 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations	1/19/05
SUBJECT: SEE ATT	(Name of corporation)
DOCUMENT NUMBER:	
The enclosed Statement of Change of Reg	istered Office/Agent and fee are submitted for filing.
Please return all correspondence concernir	g this matter to the following:
JAMEI P.O.	ABRAMOUTTZ (Name of contact person) A HARTMAN P.A. LERE JARY (Firm/Company) BOX 940928 (Address) CAND FL 32794-0929 (City/state and zip code) atter, please call:
Name of contact person)	at (352) 326 - 5818' (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 1, 2005

JAMES A. HARTMAN PO BOX 940928 MAITLAND, FL 32794-0929

SUBJECT: DRIVE-IN INVESTORS I, LTD.

Ref. Number: A01000000094

We have received your document for DRIVE-IN INVESTORS I, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with 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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 905A00007076

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.

1. DRIVE -IN INVESTORS I LTS. Name of the limited partnership
2. Date of filing/registration in Florida 3. A 010000094 Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Tare A Hartman
5. The name and address of the new registered agent and/or office: TAMET A HALTMAN Name 1435 SILVER LAKE DRIVE Florida street address (P.O. Box not acceptable)
6. Such charge(s) was/were authorized by the general partners.
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 daties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.
Signature of Registered Agent

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