A01000000165

DE LA CRUZ & CUTLER LAW OFFICES TWO ALHAMBRA PLAZA • PENTHOUSE II-C CORAL GABLES, FLORIDA 33134	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: 5) W	
A01-165	
Office Use Only	



800051839288

MJH

05/06/05--01030--009 **35.00

OSTREM TO THE OF SE

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 Statues, 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. All Horas LTD
Name of the limited partnership
2. 1/31/2001 3. A0100000165 Date of filing/registration in Florida Document number assigned
— 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 records of the Florida department of State:
Luis F. De la Cruz, Jr.
95 Merrick Way, Suite 440
95 Merrick Way, Suite 440 Coral Gables, FL. 33134
5. The name and address of the new registered agent and/or office:
Luis F. De la Cruz, Jr.
Two Albambra Plaza Penthouse 2-C
Coral Gables, FL. 33134
6. Such change(s) was/were authorized by the general partners.
Signature of General Partnet ALL INVESTORS LLC, ALEX CORREA AS MANAGING MEMBER
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 and accept the obligations of my position as registered agent. Of, 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