A0100000557

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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. JMA CAPITAL PARTUERS, LAD.		
Name of the limited partnership		
History Add and and Com		
2. 4/17/2001 Date of filing/registration in Florida 3. 40/00000 557 Document number assigned		
4. The name of the registered agent and the registered office address as shown on the records of the Flo	orida	
Department of State:		
Name Name	0	
2455 E. SUNPISE BLUD. Address	03 (
Address 2 2 1	SEP	- sales
FT. LNDER DATE, FI 33504 City, State and Zip	6-0	44
City, State and Zip	9	1
	=	3
5. The name and address of the new registered agent and/or office:	ယ္	<u> </u>
J. MICHAEL POISELT	4:6	714
Name		
1040 BAYNOW DRIVE SUITE TE8		
Florida street address (1°.O. Box not acceptable)		
FT. LANDERDALE FL 33304		
City, State and Zip 6. Such change(s) was/were authorized by the general partners.		
SMR GROVE, INC.		
Que Michael Rliser		
Signature of General Partner		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co	omply	
- No. 1	/ / / / / / / /	
familiar with and accept the obligations of my position as registered agent. Or, if this document is being merely to reflect a change in the registered office address, I hereby confirm that the limited partnership	p has	
been notified in writing of this change		
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It lepast Klent		
Signapure 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