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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA  
REGISTRARS

J. BRYAN NOV - 1 2004

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BUSINESS PLANNING & TAXATION

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OF COUNSEL  
GUIDO A. AGUILERA

October 26, 2004

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Swezy Family Investments, Ltd.**

To Whom It May Concern:

Enclosed is an original "Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both" form for the above-referenced entity along with our Firm's check in the amount of \$35.00 to filing fees.

I would appreciate your filing the original form. Thank you for your usual prompt cooperation.

Sincerely,

GUTTENMACHER & BOHATCH, P.A.

  
JOHN S. BOHATCH

JSB/cac  
Enclosures

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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.

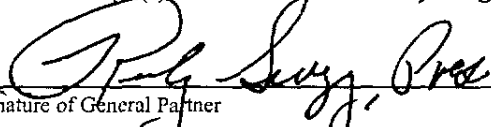
1. SWEZY FAMILY INVESTMENTS, LTD.  
Name of the limited partnership
2. 04/05/2002 Date of filing/registration in Florida
3. A02000000508 Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
- B & C CORPORATE SERVICES, INC.  
Name
- 201 S. BISCAYNE BOULEVARD, SUITE 300C  
Address
- MIAMI FL 33131  
City, State and Zip

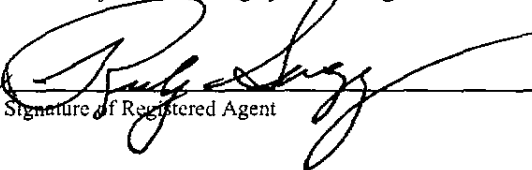
5. The name and address of the new registered agent and/or office:
- Ruby S. Swezy  
Name
- 168 Hialeah Drive  
Florida street address (P.O. Box **not** acceptable)
- Hialeah FL 33010  
City, State and Zip

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6. Such change(s) was/were authorized by the general partners.

  
Signature of General Partner

*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. 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**