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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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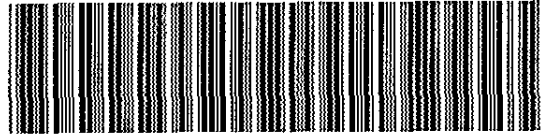
(Business Entity Name)

(Document Number)

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03 JUN -5 PM 3:53
STATE
TALLAHASSEE, FLORIDA

MILLER & O'NEILL, P.L.

ATTORNEYS AT LAW
SUITE 400 EAST
2300 GLADES ROAD
BOCA RATON, FLORIDA 33431

HOLLY M. O'NEILL
LL.M. IN TAXATION
E-MAIL: honeill@mandolaw.com

TELEPHONE: 561-353-3880
TELEFAX: 561-353-0643

June 2, 2003

Certified Mail, Return Receipt Requested
7000 0520 0020 9347 9143

Florida Department of State
Division of Corporations
Attn: Buck Kohr
P.O. Box 6327
Tallahassee, Florida 32314

LP-35

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STATE
TALLAHASSEE, FLORIDA

Re: S.J. Grossman Limited Partnership
EIN #04-3637495

Dear Mr. Kohr:

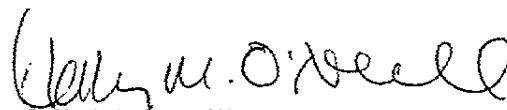
In connection with the above referenced limited partnership enclosed is the "Supplemental Affidavit of Capital Contributions for a Florida Limited Partnership" together with my client's check in the amount of \$1,750. The supplemental affidavit reflects the accurate amount contributed to the limited partnership to date.

Also enclosed is the "Limited Partnership Statement of Change of Registered Agent" together with my client's check in the amount of \$35 representing your filing fee for the same. If you have any questions, please contact me. Thank you for your assistance in this regard.

Very truly yours,

MILLER & O'NEILL, P.L.

By:


Holly M. O'Neill, Esq.

HMO:lsd
Enclosures
cc: Lawrence J. Miller, Esq.
Mr. Jack Grossman

**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. S.J. Grossman Limited Partnership
Name of the limited partnership

2. April 12, 2002
Date of filing/registration in Florida

3. A02000000564
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:

HCRM Corp.
Name
2200 Corporate Boulevard, NW, #401
Address
Boca Raton, Florida 33431
City, State and Zip

5. The name and address of the new registered agent and/or office:

Miller & O'Neill, P.L.
Name
2300 Glades Road, Suite 400 East
Florida street address (P.O. Box **not** acceptable)
Boca Raton, FL 33431
City, State and Zip

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

SJG Management, Inc.
By: Samuel Jacob Grossman
Signature of General Partner Samuel Jacob Grossman, President

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.

Miller & O'Neill, P.L.
By: Lawrence J. Miller
Signature of Registered Agent Lawrence J. Miller, Managing Member

**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**

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