A0200000730

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
• (Bu	isiness Entity Nam	е)
, (Do	ocument Number)	
ified Copies	Certificates	of Status
		of Status
		of Status
		of Status
Name Availability		of Status
Name Availability Document Examiner	Filing Officer:	
Name Availability Cocument Examiner	Filing Officer: DUC Office Bse Only	
Availability Document Examiner	DUC Office Bse Only	



600009519096

12/18/02--01051--003 **35.00

SECRETARY OF STATE 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. Tanbucello Family Partnership, LTD. Name of the limited partnership	es e
2. 5/29/02 3. A02000000730 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: Steven 12. Deutsch Name 1905 Sw 6 Court Address Plantation, Fl 33324 City, State and Zip	
5. The name and address of the new registered agent and/or office: Teffrey Tew of Tew Cardenas Rebak Name 201 S. Biscayne Blvd., Miani Cardenas Rebak Florida street address (P.O. Box not acceptable)	l6 <i>00</i>
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 1 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.	•

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