

A02000001140

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

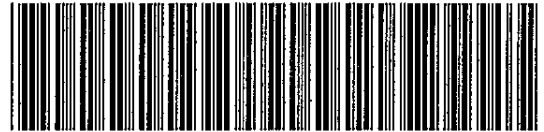
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RA change

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05 MAR 15 PM 1:44  
SEC. OF STATE, FLORIDA  
TALLAHASSEE, FLORIDA

**MICHAEL D. TANNENBAUM**  
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March 11, 2005

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

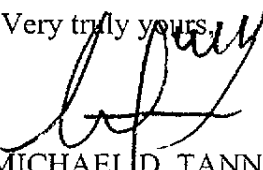
Re: Cebu, Ltd.

Dear Sir or Madam:

Enclosed please find the original and one copy of a Limited Partnership Statement of Change of Registered Office. Also enclosed is a check in the amount of \$35.00 to cover the filing fee.

If you have any questions concerning this matter, please feel free to contact me.

Very truly yours,

  
MICHAEL D. TANNENBAUM

MDT/sl  
Encl.

FILED  
05 MAR 15 PM 1:44  
TALLAHASSEE, FLORIDA  
STATE

**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. CEBU, LTD.

Name of the limited partnership

2. 08/21/2002

Date of filing/registration in Florida

3. A020000001140

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:

Jonathan Chua

Name

1717 Woolbright Road

Address

Boynton Beach, FL 33426

City, State and Zip

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

Jonathan Chua

Name

4910 Southlake Drive

Florida street address (P.O. Box **not** acceptable)

Boynton Beach

FL 33436

City, State and Zip

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

CEBU ENTERPRISES, INC.

By: [Signature] Pres.

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]

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

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DIVISION OF STATE  
TALLAHASSEE, FLORIDA  
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