

A02000001256

\_\_\_\_\_  
(Requestor's Name)

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

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(Address)

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

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PICK-UP

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WAIT

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MAIL

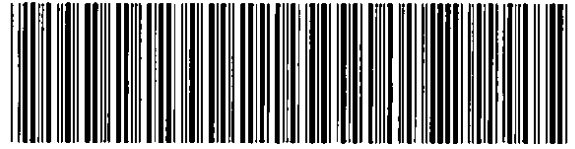
\_\_\_\_\_  
(Business Entity Name)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jumping Springs LTD  
\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A02000001256  
\_\_\_\_\_

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sheldon Liebowitz  
\_\_\_\_\_

Contact Person

Jumping Springs LTd  
\_\_\_\_\_

Firm/Company

6574 N State Rd 7 suite 333  
\_\_\_\_\_

Address

Coconut Creek FL 33073  
\_\_\_\_\_

City, State and Zip Code

msl2600@aol.com  
\_\_\_\_\_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheldon Liebowitz  
\_\_\_\_\_

Name of Contact Person

at ( 954 ) 5932364  
\_\_\_\_\_

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Jumping Springs LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. 9/18/2002

Date of filing/registration in Florida

3. A02000001256

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Sheldon Liebowitz

Name

6053 NW 63Rd Way

Address

Parkland Fl 33067

City, State and Zip

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

Sheldon Liebowitz

Name

6574 N State Rd 7 Suite 333

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

Coconut Creek FL 33073

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]

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.*

[Signature]

Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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