A02000001335

____
(Requestor's Name)

____
(Address)

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(Address)

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(City/State/Zip/Phone #)

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____
(Business Entity Name)

____
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TSB Property Management Limited Partnership LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A02000001335

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:

Karen Burns
Contact Person

Firm/Company

1090 Cordova Blvd. N.E.
Address

St. Petersburg, FL 33704
City, State and Zip Code

KBurns2001@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Burns at (727) 804-9639
Name of Contact Person 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

INHS04 (01-06)

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. TJB Property Management Limited Partnership LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/7/02
Date of filing/registration in Florida

3. A02000001335
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

Thomas J. Boland M.D.
Name
6540 Fourth St. N. Ste A
Address
St. Petersburg, Fl. 33702
City, State and Zip

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

Karen Burns
Name
1090 Cordova Blvd N.E.
Florida street address (P.O. Box not acceptable)
St. Petersburg Fl. 33704
City, State and Zip

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

X _____
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.

X _____
Signature of Registered Agent

N T Boland

Filing Fee: $35.00
Certified Copy (optional): $52.50