A03000000723

(Re	questor's Name)				
(Ad	dress)	_			
(Ad	dress)				
(Cit	y/State/Zip/Phone	: #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to I	Filing Officer:				

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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations					
Division of Corporations					
	tment Manager, LLLP				
Name of Limited Partnership of	r Limited Liability Limited Partnership				
DOCUMENT NUMBER:	A0300000723				
The enclosed Statement of Change of Register fee(s) are submitted for filing.	ered Office and/or Registered Agent and				
Please return all correspondence concerning t	his matter to:				
Greg Baumann					
Contact Person					
BREL Capital, LLC					
Firm/Company					
1500 Cordova Rd Ste 300					
Address					
Fort Lauderdale, FL 33316					
City, State and Zip Code					
gbaumann@brelcap.co	m				
E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matte	r, please call:				
Greg Baumann	at (954) 369-1414				
Name of Contact Person	Area Code and Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to t	he Florida Department of State.				
STREET ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P. O. Box 6327				
2661 Executive Center Circle	Tallahassee, FL 32314				
Tallahassee, FL 32301					

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	BCOM Investmen	t Manag	jer,	LLLP			
. Na	ame of Limited Partnership or Lim	ited Liability	/ Lin	nited Partners	hip		
2.	5/8/2003	3.		A03000	0000723		
Date of filing/registration in Florida]	Florida docun	nent number		
4. The name of the re Department of State:	egistered agent and the registered o	office addres	s as :	shown on the	records of the Flo	orida	
	Greg Bau	ımann					
	Nam	e					
	19950 W. Country Cl	ub Drive	Suit	te 800			
	Addre	ess				-1.0	~a
	Aventura, FL 33180				三問	=	
	City, State	and Zip				全門	* 7
5. The name and Flo	rida street address of the new regis	tered agent	and/o	or office:		ASSE	WIN HAY 12 AM II: 07
	Greg Bau	ımann				IT 유	₹ (
	Nam	e				01 11 11 11 11	=
	1500 Cordova	Rd Ste 3	00				07
	Florida street address (P.C). Box not a	ccept	table)		3-2	•
	Fort Lauderdale		FL	33316			
	City, State	and Zip		·			
6. Such change(s) s	The effective when filed by the Flo	rida Departr	nent	of State.			
Signature of General	Parmer						
comply with the prov	ppointment as registered agent and isions of all statutes relative to the h an accept the obligations of my p	proper and	comp	olete perform			
Signature of Register	ed Agent						
Filing Fee:	\$35.00						

Certified Copy (optional): \$52.50