

A03000001079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

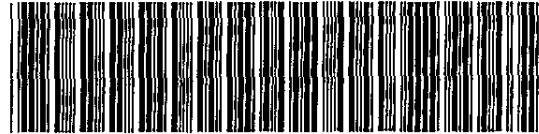
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M. HODGES

05/31/05 11:03:50

FAMILY  
WEALTH  
COUNSEL®

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May 26, 2005

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Statement of Change of Registered Agent's Address for  
Carballo Family Ltd.

Dear Madam or Sir:

Enclosed please find an original Statement of Change of Registered Agent and/or Registered Office. Please file this document and return a "filed" copy to the undersigned at your earliest convenience. A prepaid self-addressed envelope is closed. Also enclosed is a check in the amount of \$35.00 for your fee.

Should you have any questions, please contact me.

Very truly yours,

FAMILY WEALTH COUNSEL PLC



Diane Byrom  
Legal Assistant

/db  
Enclosures



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 8, 2005

FAMILY WEALTH COUNSEL  
7030 S YALE AVE STE 300  
TULSA, OK 74136

SUBJECT: CARBALLO FAMILY LTD.  
Ref. Number: A03000001079

We have received your document for CARBALLO FAMILY LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 305A00040169

**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. Carballo Family Ltd.  
Name of the limited partnership
2. July 29, 2003  
Date of filing/registration in Florida
3. A03000001079  
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:  
Bernard A. Carballo  
Name  
384 Eagle Drive  
Address  
Jupiter, Florida 33477  
City, State and Zip
5. The name and address of the new registered agent and/or office:  
Bernard A. Carballo  
Name  
129 Commodore Drive  
Florida street address (P.O. Box not acceptable)  
Jupiter, FL 33477  
City, State and Zip
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 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 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**