A03000001456

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2007

JUAN GONZALEZ P.O. BOX 170840 HIALEAH, FL 33017

SUBJECT: GONZALEZ PROPERTY INVESTMENTS, LTD

Ref. Number: A0300001456

We have received your document for GONZALEZ PROPERTY INVESTMENTS, 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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 107A00042170

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COVER LETTER

Division of Corporations	
SUBJECT: GONZalez Property Inventorial (Name of Corporation)	stments, LTD
DOCUMENT NUMBER: A0300001456)
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Time C Garages	
(Name of Contact Pe	rson)
Consoler Projectu I	huestments.ITD
(Firm/Company	
000	
P.U.Box. 170840	
(Address)	
11:-1 1 (•
Higleah, FC 33017	(Solo)
(only only and approximation	TASE ZI
For further information concerning this matter, please call:	CRET CRET
Juan C. Conzalez at	305 1827-SUSSE = =
(Name of Contact Person) (Area Code & Daytime Telephone Number)
T 1 1 1 1 1 1 1 1 1	FState. State. State.
Enclosed is a \$35.00 check made payable to the Department of	State.
	ST I
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

COVER LETTER

Division of Corporations SUBJECT: Goodes Hoperty Investments, CTO (Name of Limited Partnership or Limited Liability Limited Partnership)	
DOCUMENT NUMBER: A 0300001456	
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:	
Maylin Gonzalez (Contact Person) Chonzalez Property Investments LTD (Firm/Company) P.O.Box 170840 (Address)	
(Address) Higlean, CL3307 (City, State and Zip Code) (City, State and Zip Code)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further information concerning this matter, please call:	
Mayin Gonzalez at (305) 822-5455 22 (Area Code and Daytime Telephone Number)	:: =_ ::

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Registration Section

MAILING ADDRESS:

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

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.

0-20-01 T 1-1

1500Zalez PIOPERTY Invest	ments LIU
Name of Limited Partnership or Limited L	iability Limited Partnership
2. 10/10/2003	3. A 03000001456
Date of filing/registration in Florida	Florida document number
4. The name of the registered agent and the registered office Department of State:	address as shown on the records of the Florida
Juan C. Gonzal	<u>ez</u>
4268 5W 14 QUE Address	·
Davie, FC 33330 City, State and Z	ip
5. The name and Florida street address of the new registered	agent and/or office:
Vezina, Lawrence	agent and/or office: A Piscitelli, P. ALAHASSE A vite 160
300 500 1st Auc, Florida street address (P.O. Box	
Ft. Laud, FC City, State and Z	r not acceptable) FL 3530 FR 17
6. Such change(s) is are effective when filed by the Florida I	Department of State.
Signature of General Parther Thereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the prope and I amfamiliar with an accept the obligations of my position	er and complete performance of my duties, on as registered agent.
Signature of Registered Agent	
Filing Fee: \$35.00 Certified Copy (optional): \$52.50	