

A03000000/592

(Requestor's Name)

Salisbury  
1367 Olympia Park Circle  
Ocoee, Florida 34761-2424

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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3/2 R/A Change

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**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. KMA CAPITAL PARTNERS LTD  
Name of the limited partnership

2. 11/12/2003  
Date of filing/registration in Florida

3. A 03000001592  
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:

ELLEN M SALISBURY  
Name

239 CHESTNUT RIDGE ST  
Address

WINTER SPRINGS FL 32708  
City, State and Zip

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

ELLEN M SALISBURY  
Name

1367 OLYMPIA PARK CIRCLE  
Florida street address (P.O. Box not acceptable)

OCFEE FL 34761  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Ellen M Salisbury  
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.*

Ellen M Salisbury  
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**

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TALLAHASSEE, FLORIDA