

A040000000404

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(Address)

(Address)

(City/State/Zip/Phone #)

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**LAW OFFICES
MICHAEL LAPAT**

3300 University Drive
Suite #311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

11 South LaSalle Street
Suite # 1500
Chicago, Illinois 60603
(312) 641-3723

Please Reply to Florida Office

July 20, 2004

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

**RE: Quant-Fx Partners, Ltd.
Quant-Fx Management, LLC**

Dear Sir or Madam:

Enclosed herein please find Certificate of Registered Office Change Form along with two file stamped copies.

Also enclosed is one check in the amount of \$60.00 representing the filing fee. Please return file stamped copies to this office in the enclosed envelope which I have provided.

Should you have any questions, please do not hesitate to contact the undersigned at 888-263-4774.

Very truly yours,

Lyn McDonald
Lyn McDonald

LM/kc
enclosure

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TALLAHASSEE, FL
8


**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.

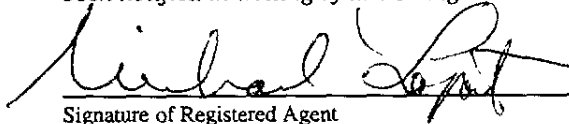
1. Quant-Fx Partners, Ltd.
Name of the limited partnership
2. March 3, 2004 3. A04000000404
Date of filing/registration in Florida Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
- Michael Lapat
Name
5200 Town Center Circle, Tower 1, Suite 308
Address
Boca Raton, Fl 33486
City, State and Zip

5. The name and address of the new registered agent and/or office:
- Michael Lapat
Name
3300 University Drive, Suite 311
Florida street address (P.O. Box not acceptable)
Coral Springs FL 33065
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

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TALLAHASSEE, FL

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FILED