

A0400000074

(Requestor's Name)

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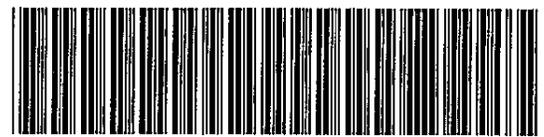
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TALLAHASSEE, FLORIDA

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04/27/05--01014--012 \*\*35.00

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 1044 N E 2ND AVE Limited  
(Name of corporation)

**DOCUMENT NUMBER:** A0400000741

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:

Athanasios Karahalios  
(Name of contact person)

1044 N E 2ND AVE LIMITED  
(Firm/Company)

2001 Biscayne Blvd. #2412  
(Address)

Miami, Florida 33137  
(City/state and zip code)

For further information concerning this matter, please call:

Athanasios Karahalios at ( 305 ) 742-6879  
(Name of contact person) (Area code & daytime telephone number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 2, 2005

ANTHANASIOS KARAHALIOS  
1022 NE 2ND AVE LIMITED  
2001 BISCAYNE BLVD STE 2412  
MIAMI, FL 33137

SUBJECT: 1044 N.E. 2ND AVE. LIMITED PARTNERSHIP  
Ref. Number: A04000000741

We have received your document for 1044 N.E. 2ND AVE. LIMITED PARTNERSHIP 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; 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: 105A00030898

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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. 1044 N.E. 2ND AVE LIMITED  
Name of the limited partnership

2. 5/12/04  
Date of filing/registration in Florida

3. A04000000741  
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:

ATHANASIOS KARAHALIOS  
Name  
2001 BISCAYNE BLVD #2412  
Address  
MIAMI, FL. 33137  
City, State and Zip

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

ATHANASIOS KARAHALIOS  
Name  
2001 BISCAYNE BLVD. #2412  
Florida street address (P.O. Box not acceptable)  
MIAMI FL 33137  
City, State and Zip

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

A. [Signature]  
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.*

A. [Signature]  
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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