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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

November 25, 2005

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

Re: Markets Edge, Ltd.(Change of Registered Office)	\$35.00
Markets Edge Management, LLC (Change of Registered Office)	\$25.00
<u>Markets Edge Advisors, LLC(Change of Registered Office)</u>	<u>\$25.00</u>
	\$85.00

Dear Sir or Madam:

Enclosed herein please find, a Statement of Change of Registered Office for the above referenced LLC's and a Statement of Change of Registered Office for the Limited Partnership along with two file stamped copies.

Also, enclosed is one check in the amount of \$85.00 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,

  
Kristine Cobban

kc  
enclosure

**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. Markets Edge, Ltd.

Name of the limited partnership

2. 07/06/2004

Date of filing/registration in Florida

3. A04000001096

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:

Markets Edge Management, LLC

Name

100 S. Birch Road, #2304

Address

Ft. Lauderdale, Florida 33316

City, State and Zip

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

Markets Edge Management, LLC

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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