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(Address) Lighthouse Pt, FL 32064 (City/State/Zip/Phone #) PICK-UP WAIT MAIL	12/12/0501033009 **35.00
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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.

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:



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 ghange in the registered office address, I hereby confirm that the limited partnership has been hotified in writing of this change.

ignature of Register ed 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