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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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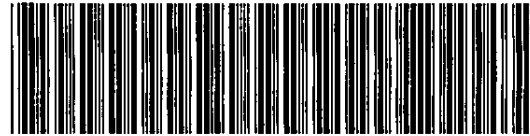
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rose M. Edwards Family Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A04000001324

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sanford R. Brandt

Contact Person

Rose M. Edwards Family Ltd.

Firm/Company

5502 SW Sunshine Farms Way

Address

Palm City, FL 34990

City, State and Zip Code

joysan711@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sanford R. Brandt

Name of Contact Person

at (772) 236-8873

Area Code and Daytime Telephone Number

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Rose M. Edwards Family Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/11/2004
Date of filing/registration in Florida

3. A04000001324
Florida document number

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

Legel, Larry
Name
1425 NE 57th Place
Address
Ft. Lauderdale, FL 33334
City, State and Zip

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

Brandt, Joyce A.
Name
5502 SW Sunshine Farms Way
Florida street address (P.O. Box not acceptable)
Palm City FL 34990
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Sanford R Brandt
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.

Joyce A. Brandt
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA