#0400001370

2005 AUG 30 P 47 19 SECRETARY OF STITE (RIDA (Requestor's Name) TALLAHASSEE, FL (RIDA (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIL WAIT (Business Entity Name) (Document Number) Certificates of Status Certified Copies_ Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State 305 AUG 30 P 4: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 9, 2005

GEORGE NAVARRO P.O. BOX 190362 MIAMI BEACH, FL 33119-0362

SUBJECT: JO-MAR II LIMITED PARTNERSHIP

Ref. Number: A0400001370

We have received your document for JO-MAR II 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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 105A00051102

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: JO-MAR LIMITED PARTNERSHIP SECRETARY OF STATE (Name of corporation) SECRETARY OF STATE TALLAHASSEE, FLORID	9
DOCUMENT NUMBER: A 04000001370	- ELANTOSEE, FLORIDA
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:	
George Navarro (Name of contact person)	
(Firm/Company)	*
PO BOX 190362 (Address)	
(Address)	
Miami Beach, FL 33119-0362 (City/state and zip code)	·•••
For further information concerning this matter, please call:	
Bellis Harvandez at (78L) 522-3562 (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

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. Jo-MAR LimitED PARTNERSHIP Name of the limited partnership
2. 8 34 3004 Date of filing/registration in Florida 3. A 0400001370 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: George New To Name 100 60 76 Address
5. The name and address of the new registered agent and/or office: CROTGE NAME Name 1748 GW 119 Terrace Florida street address (P.O. Box not acceptable) City, State and Zip
6. Such change(s) was/were authorized by the general partners. Millimson
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.
Missional 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