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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

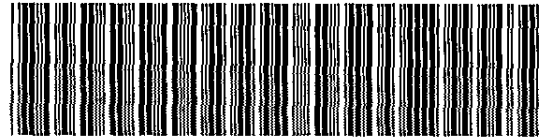
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A04-1518
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LAW OFFICES
MICHAEL LAPAT

3300 University Drive
Suite #311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

221 North LaSalle Street
Suite # 1137
Chicago, Illinois 60601

Please Reply to Florida Office

November 29, 2005

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

RE: Viper Capital Partners, Ltd. (Change of Registered Office)	\$35.00
Viper Capital Management, LLC (Change of Registered Office)	\$25.00
<u>Viper Capital 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,


Janet Grannum

enclosure

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TALLAHASSEE, FLORIDA

**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. Viper Capital Partners, Ltd.
Name of the limited partnership

2. 09/23/2004 3. A04000001518
Date of filing/registration in Florida 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:

Erik Lebsack
Name
15508 Avocetview Court
Address
Lithia, Florida 33547
City, State and Zip

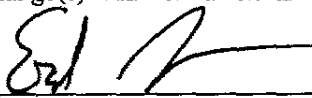
5. The name and address of the new registered agent and/or office:

Erik Lebsack
Name
4365 Lynx Paw Trail
Florida street address (P.O. Box not acceptable)
Valrico FL 33594
City, State and Zip


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TALLAHASSEE, FLORIDA

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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**