

A05000000016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

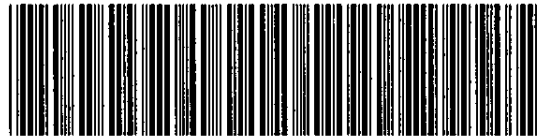
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

OCT - 3 2008

EXAMINER

A05-16

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: NEHUSHTAN ASSOCIATES, LTD.
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: 405000000016

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:

Brian J. Pruett
(Contact Person)

NEHUSHTAN ASSOCIATES, LTD.
(Firm/Company)

6240 Lake Osprey Drive Suite 201
(Address)

Sarasota, FL 34240
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Heidi Peachey at (941) 684-5212
(Name of Contact Person) (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

INHS04 (01/06)

**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. NEHUSHTAN ASSOCIATES, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. December 29, 2004 3. A05000000016
Date of filing/registration in Florida 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:

Moran, John A
Name

1990 Main Street, Suite 700
Address

Sarasota, FL 34236
City, State and Zip

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

Brian J. Pruett
Name

6040 Lake Osprey Dr. Suite 201
Florida street address (P.O. Box not acceptable)

Sarasota FL 34240
City, State and Zip

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

[Signature]
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.

[Signature]
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA