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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Fore Front Investments Limited Partnership (Name of Limited Partnership or Limited Liability Limited Partnership)			
DOCUMENT NUMBER: A 0500000138			
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:			
Ben Dayan			
Forefront Investments Limited Partnership			
Ben. Dayan (Contact Person) Forefront Investments Limited Partnership (Firm/Company) 2999 NE 191st Street, Swite 804 (Address)			
Aventura, FL 33180 (City, State and Zip Code)			
For further information concerning this matter, please call:			
Ben Dayan at (305) 965 - 4300 (Area Code and Daytime Telephone Number)			
(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. Forefront In	vestments Limited Partnership	
Name of Limited	Partnership or Limited Liability Limited Partnership	
1/18/2005	3. AD500000138	
Date of filing/registration i		oer
Department of State:	t and the registered office address as shown on the records of	the Florida
	dd A. Guthrie	
24.	Name	
299	9 NE 191" Street, Smite 804	
Aver	Name Name 9 NE 191 st Street, Smit 804 Address Thura FL 33180 City, State and Zip	
	City, State and Zip	
5. The name and Florida street add	ress of the new registered agent and/or office:	
Be.	n Dayan Name	
	Name	
2999	NE 1916 Street Snite 804 da street address (P.O. Box not acceptable)	
Florio	da street address (P.O. Box not acceptable)	
Aven	City, State and Zip	
	City, State and Zip	
6. Such change(s) is/are effective v	when filed by the Florida Department of State.	. ~ .
Chelis Mui	on behalf of FFLP Holdings, Ir. C	General Hortner
Signature of General Partner	0	
	registered agent and agree to act in this capacity. I further a	
	atutes relative to the proper and complete performance of my ne obligations of my position as registered agent.	duties,
ana i am jaminar with an accept in	e congunous of my position as registered agent.	
Signature of Registered Agent		38¥ 38¥
Filing Fee:	\$35.00	ASSA I
Certified Copy (optional):	\$52.50	- SR4 5