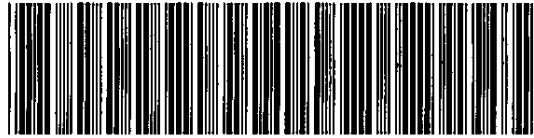


A05000000147

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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06/05/06--01011--003 **35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

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SUBJECT: FX Option 1 Limited Partnership
(Name of Limited Partnership or Limited Liability Limited Partnership)
TALAHASSEE, FLORIDA

DOCUMENT NUMBER: A05000000147

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
(Contact Person)
FX Option 1 Limited Partnership
(Firm/Company)
2999 NE 191st Street, Suite 804
(Address)
Aventura, FL 33180
(City, State and Zip Code)

For further information concerning this matter, please call:

Ben Dayan at (305) 965-4300
(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

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

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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. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. FX Option 1 Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/19/2005 Date of filing/registration in Florida
3. A05000000147 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:

Todd A. Guthrie
Name
2999 NE 191st Street, Suite 804
Address
Aventura, FL 33180
City, State and Zip

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

Ben Dayan
Name
2999 NE 191st Street, Suite 804
Florida street address (P.O. Box not acceptable)
Aventura FL 33180
City, State and Zip

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

Debra Mucin on behalf of FXO, Inc. General Partner
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