

A05000000147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

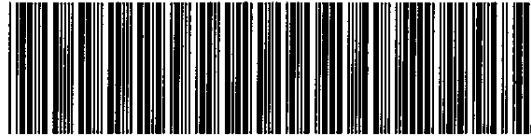
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: FX Option1 Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership)

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:

Todd Guthrie

(Contact Person)

(Firm/Company)

P.O. Box 220137

(Address)

Hollywood, FL 33022

(City, State and Zip Code)

For further information concerning this matter, please call:

Todd Guthrie

(Name of Contact Person)

at (**954**) **925-5255**

(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. FX Option1 Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/19/2005

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:

Ben Dayan

Name

2999 NE 191 Street, # 804

Address

Aventura, FL 33180

City, State and Zip

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

Homer Bonner, P.A.

Name

1441 Brickell Ave, # 1200

Florida street address (P.O. Box not acceptable)

Miami FL 33131

City, State and Zip

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

Onelio Murias
Signature of General Partner

ONELIO MURIAS ON BEHALF OF GP.

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.

X *Homer Bonner, P.A.*
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA