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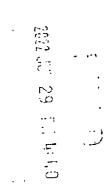
(Re	equestor's Name)		
(Ad	ldress)		
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(Cil	ty/State/Zip/Phone#)	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Name)	
(Document Number)			
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Special Instructions to Filing Officer:			





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Ra Change

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D CUSHING

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.

	Name of Limited Partnership or Limit	ed Liability Limited Partnership	
2.02/25/2005			
Date of filing/registration in Florida		Florida document number	
4. The name of the Department of Stat	e registered agent and the registered of e:	fice address as shown on the records of the Florid	
	Rodney Randall		
	Name		
	2727 W. Martin Luther King	Boulevard Suite # 418	
	Addres	S	
	Tampa. FL 33607		
	City. State a	nd Zip	
5. The name and F	lorida street address of the new registe	ered agent and/or office:	
	Rodney Randall		
	Name		
	2715 W. Virginia Ave.		
	Florida street address (P.O.	Box not acceptable)	
	Tampa,	FL 33607	
	City. State a	nd Zip	
Such change(s)	is/are/effective when filed by the Flori	da Department of State.	
(7)KS	2 auril -		
oignature of Gener	al Partner		
comply with the pro	appointment as registered agent and a ovisions of all statutes relative to the p with an accept the obligations of my po	agree to act in this capacity. I further agree to roper and complete performance of my duties, sition as registered agent.	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50