

**A0500000529**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (950) 617-6380

From:  
Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.  
Account Number : 076077003231  
Phone : (561) 650-0471  
Fax Number : (561) 650-0431

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**REGISTERED AGENT CHANGE**

**THUNDERHORSE INVESTMENT FUND I, LP**

Certificate of Status	0
Certified Copy	0
Page Count	03
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**A. LUNT**

JAN 29 2008

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** THUNDERHORSE INVESTMENT FUND I, LP  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A05000000529

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:

THORNTON M. HENRY, ESQ.

(Contact Person)

JONES FOSTER JOHNSTON & STUBBS P.A.

(Firm/Company)

505 SOUTH FLAGLER DRIVE, SUITE 1100

(Address)

WEST PALM BEACH, FL 33401

(City, State and Zip Code)

For further information concerning this matter, please call:

DOMINIQUE A. PAYTON, CLAS at (561) 650-0427

(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

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**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. THUNDERHORSE INVESTMENT FUND I, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
- 2. 03/15/2005  
Date of filing/registration in Florida
- 3. A05000000529  
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:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name

4435 OLD WINTER GARDEN RD

Address

ORLANDO, FL 32811

City, State and Zip

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

JONES FOSTER SERVICE, LLC

Name

505 S. FLAGLER DRIVE, SUITE

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

WEST PALM BEACH FL 33401

City, State and Zip

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

Mortimer F. Cannon  
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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