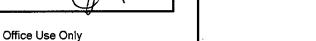
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PICK-UP	WAIT MAIL			
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## COVER LETTER

Registration Section

DOCUMENT NUMBER: AO 500000 10 94

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:

Contact Person) Uhler & Co. Inc.
(Firm/Company) 5574 BERMUDA DUNES CIR LAKE WOTH, FL 33463 (City, State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (561) 866-502-8

(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. <u>B</u> 12	LLY STREET GROUP O	F FLORIDA.	ucp
	Name of Limited Partnership or Lir	nited Liability Limit	ed Partnership
2. 6/05		3. 1=	800000 705 62
Date of fi	ling/registration in Florida		orida document number
1 The name of th	e registered agent and the registered	office address as sh	osum on the records of the Florid
Department of Sta		office address as sir	own on the records of the Front
	White	& Co. Inc	
	5032 L	ne antur R ress tc fc 3	0 #2307
	Add	ress	
	Lahe Wo	te FL 3	3463
	City, State	and Zip	
5. The name and	Florida street address of the new reg	istered agent and/or	office:
		<del>-</del>	
	Uhler &	- Co. 5 - 1-V. C	
		MUDA DU	
	Florida street address (P	O. Box not acceptal	ole)
	Lake Wortz	FL -	33463
	City, State		<del></del> /
6 Such change(s)	) is/are effective when filed by the Fl	orida Danartmant o	f State
	TIS CASUP PROPERTY IN ITS		i State.
- kert	Cull me	-age	
Signature of Gene	ral Partner	O	
I hereby accept th	e appointment as registered agent a	nd agree to act in th	is 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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee: \$35.00 Certified Copy (optional): \$52.50