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(Re	equestor's Name)	
(Ac	ldress)	N
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer		
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U	Office Use On	lv



08/17/06--01022--001 \*\*245.00

**COVER LETTER** 

Registration Section TO:

Division of Corporations

SUBJECT: Bisch Street Group Twestwent Lucy
(Name of Limited Partnership)

DOCUMENT NUMBER: A05000001407

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:

(Firm/Company)

5574 Bermus A Dunes GR
(Address)

(City, State and Zip Code)

For further information concerning this matter, please call:

Name of Contact Person) at (Set ) 866-5028 (Area Code and Daytime Telephone Num

(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.

change its registered office or registered agent, of	or both, in the state of Florida.
1. Birch Street Grou	A Investment, ULD
Name of Limited Partnership or L	imited Liability Limited Partnership
2. Date of filing/registration in Florida	3. <b>Ao Soo o o 14 o 7</b> Florida document number
Date of filing/registration in Florida	Florida document number
4. The name of the registered agent and the registere Department of State:	ed office address as shown on the records of the Florida
_ Uhler &	co., Inc. ame maks # 2307 Idress #L fc 33463
932 I mad	ame & + 2307
Ad	dress
Lalu W	tr, FC 33463
City, Sta	ate and Zip
5. The name and Florida street address of the new re	gistered agent and/or office:
Uhler	€ Co. The
N	ame
5574 Ber	MUDA DUNER COR
	P.O. Box not acceptable)
Cahe Wonth	FL 33463
City, Sta	ate and Zip
6. Such change(s) is/are effective when filed by the	Florida Department of State.
Signature of General Partner	nag
I hereby accept the appointment as registered agent	
comply with the provisions of all statutes relative to and I am familiar with an accept the obligations of n	ine proper ana complete performance of my auties, my position as registered agent.
	_ =
Signature of Registered Agent	06

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50