

A05000001741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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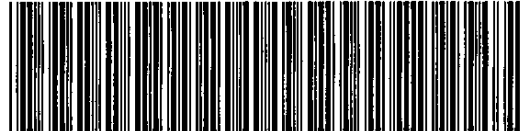
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** Salamanca Developers Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A05000001741

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:

Moises T. Grayson

(Contact Person)

Blaxberg, Grayson & Kukoff, PA

(Firm/Company)

25 SE 2nd Avenue, Suite 730

(Address)

Miami, FL 33131

(City, State and Zip Code)

For further information concerning this matter, please call:

Moises T. Grayson

(Name of Contact Person)

at ( 305 ) 381-7979

(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. Salamanca Developers Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/15/2005

Date of filing/registration in Florida

3. A05000001741

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:

Ricardo Lara

Name

2100 NW 99 Avenue

Address

Miami, FL 33172

City, State and Zip

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

Roberto Rincon

Name

1990 NW 82 Avenue

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

Miami

FL 33126

City, State and Zip

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

  
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 an accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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