

A05000002299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W&S Duncan Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A05000002299

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:

Timothy W. Weber
Contact Person

Weber, Crabb & Wein, P.A.
Firm/Company

5453 Central Avenue
Address

St. Petersburg, FL 33710
City, State and Zip Code

timothy.weber@webercrabb.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy W. Weber at (727) 828-9919
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

**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. W&S Duncan Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/28/05 3. A05000002299
Date of filing/registration in Florida 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:

Timothy W. Weber
Name
5999 Central Avenue, Suite 203
Address
St. Petersburg, FL 33710
City, State and Zip

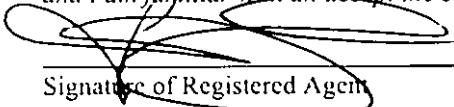
5. The name and Florida street address of the new registered agent and/or office:

Timothy W. Weber
Name
5453 Central Avenue
Florida street address (P.O. Box not acceptable)
St. Petersburg FL 33710
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 and 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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CLERK OF STATE
TALLAHASSEE, FLORIDA

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W&S