

**A06 000000316**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

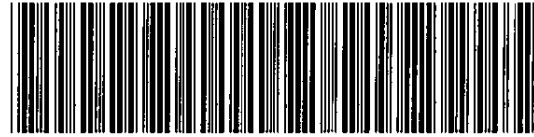
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**M. THOMAS**

SEP 22 2008

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** 4500 Silver Star, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A0600000316

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:

Martin Pombo

(Contact Person)

(Firm/Company)

1550 NW 108 Avenue

(Address)

Miami, FL 33172

(City, State and Zip Code)

For further information concerning this matter, please call:

Martin Pombo

(Name of Contact Person)

at ( 786 ) 282-4216

(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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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. 4500 Silver Star, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 3/1/06 Date of filing/registration in Florida

3. A06000000316 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:

I. Barry Blaxberg, Esq.  
Name

25 SE 2nd Avenue, Suite 730  
Address

Miami, Florida 33131  
City, State and Zip

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

Martin Pombo  
Name

1550 NW 108 Avenue  
Florida street address (P.O. Box not acceptable)

Miami FL 33172  
City, State and Zip

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

X  
[Signature]  
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.*

X  
[Signature]  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA