A0600000385		
(Requestor's Name) (Address) (Address)	800354612608	
(City/State/Zip/Phone #)	11/05/2001008001 **35.00	
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12/16/20

COVER LETTER

TO: **Registration Section Division of Corporations**

ø

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: _ A0600000385

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:

CLARK F. REEDER

Contact Person

Firm/Company

33112TH AVE W

Address

PALMETTO, FL 34221

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

___at (_____)____ Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS04 (01/06)

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PA STATEMENT OF CHANGE OF REGISTERED OFFICE ORV -5 PM 5: 50 **REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited ASSET of 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.

L.J.T. REEDER PARTNERS, LLLP Name of Limited Partnership or Limited Liability Limited Partnership

n	03/	16/2	006

3. A0600000385 Florida document number

Date of tiling/registration in Florida

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JOHN V. QUINLAN, Esq.	
Name	
601 12TH STREET WEST	
Address	
BRADENTON, FL 34205	
City, State and Zip	

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

Michael M. Hamrick	
Name	
601 12TH STREET W	/EST
Florida street address (P.C	. Box not acceptable)
BRADENTON,	_{ԲԵ} 34205
City, State a	und Zip

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

Clark F. Reeder

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.

Michael M. Hamrick

Signature of Registered Agent

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