

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 FEB 22 PM 2:16

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Partners Two LLP  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** 18 06000000650

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:

TIM M. SHANE  
(Contact Person)

TIM M. SHANE PA  
(Firm/Company)

601 N.W. 53RD. #420  
(Address)

Boca Raton, FL 33487  
(City, State and Zip Code)

For further information concerning this matter, please call:

TIM SHANE at ( 561 ) 886-5580  
(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. Florida Partners Two LLP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 5/4/06 3. A 0600000650  
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:

ERIC Siker  
Name

601 N.W. 53 ST. #420  
Address

Boca Raton, FL 33487  
City, State and Zip

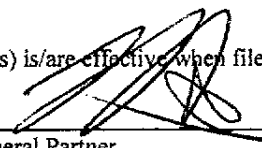
5. The name and Florida street address of the new registered agent and/or office:

TIM A. SHANE  
Name

601 N.W. 53 ST. #420  
Florida street address (P.O. Box not acceptable)

Boca Raton, FL 33487  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 22 PM 2:16