A06 000000781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASPONS CORAL PLAZA, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000006781

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:

MARIA MASPONS
Contact Person

MASPONS CORAL PLAZA, LLLP
Firm/Company

9901 SW 60TH COURT
Address

PINECREST, FL 33156
City, State and Zip Code

MERCYMASP@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA MASPONS at (305) 318-3737
Name of Contact Person — 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 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. MASPONS CORAL PLAZA, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/15/2006
Date of filing/registration in Florida

3. A06000000781
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:

M&S CORPORATE SERVICES, LLC
Name

2333 PONCE DE LEON BLVD., SUITE 314
Address

CORAL GABLES, FL 33134
City, State and Zip

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

MAS CORPORATE SERVICES, LLC
Name

232 ANDALUSIA AVENUE, SUITE 200
Florida street address (P.O. Box not acceptable)

CORAL GABLES FL 33134
City, State and Zip

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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