Adds 13

| · | (Pegues | tor's Name | <u>, </u> | |
|------------------------|-------------|---------------|--|------|
| | (rteques | LOI 5 INAIIIE | 7) | |
| | | | | |
| | (Address | s) | | |
| | | | | |
| | /A d da = = | | | |
| | (Address | 5) | | |
| | | | | |
| | (City/Sta | te/Zip/Pho | ne #) | |
| | | | | |
| PICK-UF | · [| WAIT | | MAIL |
| | | _, | | |
| | | | • | |
| (Business Entity Name) | | | | |
| | | | | |
| | (Docume | ent Numbe | ·r) | |
| | • | | • | |
| | , | | | |
| Certified Copies | | Certificate | es of Statu | ıs |
| | | | | |

Special Instructions to Filing Officer:

L. SELLERS

MAR -4 2009

EXAMINER

Office Use Only



700143662597

02/17/09--01016--015 **35.00

09 MAR -3 AM 8: 05

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: MUSSALLEM INVEST | MENTS ITD |
| (Name of Limited Partnership or Lim | ited Liability Limited Partnership) |
| DOCUMENT NUMBER: A06373 | |
| The enclosed Statement of Change of Register fee(s) are submitted for filing. | ed Office and/or Registered Agent and |
| Please return all correspondence concerning th | is matter to: |
| LINDA HERRO | |
| (Contact Person) | |
| MUSSALLEM INVESTMENTS LTD. | |
| (Firm/Company) | · · · · · · · · · · · · · · · · · · · |
| 5801 PHILIPS HIGHWAY | |
| (Address) | |
| JACKSONVILLE, FL 32216 | |
| (City, State and Zip Code) | |
| For further information concerning this matter | please call: |
| LINDA HERRO | (904) 739–1551 |
| (Name of Contact Person) | (Area Code and Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the | e Florida Department of State. |
| STREET ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P. O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, FL 32314 |
| Tallahassee, FL 32301 | |

INHS04 (01/06)



February 18, 2009

LINDA HERRO 5801 PHILIPS HIGHWAY JACKSONVILLE, FL 32216

SUBJECT: MUSSALLEM INVESTMENTS, LTD.

Ref. Number: A06373

We have received your document for MUSSALLEM INVESTMENTS, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

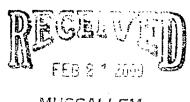
The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 109A00005819



MUSSALLEM ORIENTAL RUGS

DO DOY COOK Well-berner Bloods 9991

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

| partnership or limited | liability limited partnership | orida Statutes, the undersign submits the following stater both, in the state of Florida. | nent in order to |
|--|---|---|---------------------------------------|
| lMUSSA | ALLEM INVESTMENTS | | |
| | • | med Endothly Eminted Farmers | ար |
| | 0/1978 | 3, <u>A06373</u> | |
| Date of filing/re | egistration in Florida | Florida docun | nent number |
| 4. The name of the regi Department of State: | stered agent and the registered | office address as shown on the | records of the Florida |
| | CHARLES S. MUSS | ALLEM. III | |
| | Nan | ·· | |
| | 5801 PHILIPS HI | GHWAY | • |
| ~ | Addr | ess | |
| | JACKSONVILLE, F | L 32216 | |
| - | City, State | and Zip | |
| 5. The name and Florid | a street address of the new regi | stered agent and/or office: | |
| | JAMES MUSSALLEM | | |
| ~ | Nan | | |
| | 5801 PHILIPS HI | GHWAY | |
| | Florida street address (P. | O. Box not acceptable) | |
| | JACKSONVILLE, F | L 3221 _ը 6 | |
| ~ | City, State | | |
| (Taurill Myst) | effective when filed by the Flo | orida Department of State. | |
| Signature of General Par | rtner | | |
| comply with the provision and I am familian with a | ons of all statutes relative to the maccept the obligations of my | d agree to act in this capacity. proper and complete performa position as registered agent. | I further agree to ance of my duties, |
| Signature of Registered | Agent | | |

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

9 MAR -3 AM 8: 05