

A06509

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AL

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA

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DEPT. OF STATE
TALLAHASSEE, FLORIDA
FACSIMILE (303) 998-0431
E-Mail: boulderman@juno.com

Licensed Real Estate Broker:
Florida & Colorado

August 8, 2003


Secretary of State of Florida
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Filing change of registered agent for Weisz Realty, Ltd.

To Whom it may concern:

Please find attached the form for change of registered agent as a result of the recent death of Louise Weisz. Should there be any questions you may call upon this firm.

Thank You


Michael Hannan

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

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. WEISZ REALTY, LTD.

Name of the limited partnership

2. 05/16/78

Date of filing/registration in Florida

3. A06509

Document number assigned

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

LOUISE WEISZ

Name

1218 LINCOLN

Address

HOLLYWOOD, FL 33019

City, State and Zip

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

HECTOR RAMOS

Name

1218 LINCOLN STREET

Florida street address (P.O. Box not acceptable)

HOLLYWOOD

FL 33019

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

X


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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

X


Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**