## AMMODOOHAZ

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: BIRKENWALD FAMILY LIMITED PARTNERSHIP  Name of Limited Partnership or Limited Liability Limited Partnership			
DOCUMENT NUMBER:	A07000000467		
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	l Office and/or Registered Agent and		
Please return all correspondence concerning this	matter to:		
RICHARD BIRKENWALD			
Contact Person	<del></del>		
BIRKENWALD FAMILY LIMITED PARTN	ERSHIP		
Firm/Company			
95 S SEWALLS POINT ROAD			
Address			
STUART, FL 34996			
City, State and Zip Code			
birkenwa@gmail.com			
E-mail address: (to be used for future annual report i	notification)		
For further information concerning this matter, p	blease call:		
RICHARD BIRKENWALD at (	954 ) 559-4421		
	Area Code and Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Florida Department of State.			
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P. O. Box 6327		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## 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.

I. BIRKENWALD FAMILY LII	MITED PARTNERSHIP			
Name of Limited Partnership or Limite	d Liability Limited Partnership			
2. 03/20/2007	3. A0700000467  Florida document number			
Date of filing/registration in Florida	Florida document number			
4. The name of the registered agent and the registered off Department of State:	ice address as shown on the records of the Florida			
RICHARD BIRK	ENWALD			
Name				
4429 HOLLYWOOD BLVD., #814823				
Address				
HOLLYWOOD, FL 33081-4823				
City, State and Zip				
5. The name and Florida street address of the new registered agent and/or office:				
Name				
95 S SEWALLS POINT RD				
Florida street address (P.O. Box not acceptable)				
STUART	<sub>FL</sub> 34996			
City, State an				
6. Such change(s) is/are effective when filed by the Florid	da Department of State.			
Muland Birkmull	739 <b>3</b>			
Signature of General Partner	もれ			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions.				
and I am familiar with an accept the obligations of my po	sition as registered agent.			
R. And B. Lungh				
Signature of Registered Agent				

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50