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## Duane Morris\*

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TARA L. MILLER, FRP FLORIDA REGISTERED PARALEGAL DIRECT DIAL: 561.962.2113 PERSONAL FAX: 561.516.6320 E-MAIL: tlmiller@duanemorris.com

www.duanemorris.com

June 26, 2009

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee FL 32314

Re: Langer Family Holdings, LLLP

To Whom it May Concern:

The enclosed Statement of Registered Agent/Registered Office Change and filing fees are submitted for filing for the above-referenced limited liability limited partnership.

Please return all correspondence concerning this matter to the following:

Duane Morris LLP Attn: Jerome L. Wolf, P.L. 2700 N. Military Trail, Suite 300 Boca Raton, FL 33431

For further information concerning this matter, please call (561) 962-2100.

Kindly acknowledge receipt of the enclosed and within by signing the enclosed copy of this letter and returning same in the self-addressed envelope provided herewith.

Best regards,

DUANE MORRIS LLP

Tara L. Miller, FRP

Florida Registered Paralegal

Enclosures

cc: Dennis Langer M.D., J.D.

DUANE MORRIS LLP

Duane Morris\*

Receipt on the enclosed and within is hereby acknowledged.

By:

Date:

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DUANE MORRIS LLP

Tara L. Miller, FRP

Florida Registered Paralegal

Enclosures

cc: Dennis Langer M.D., J.D.

DUANE MORRIS LLP

## 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.

change its registered	office or registered agent, or	both, in the s	tate of Florida	le.	
1.	LANGER FAMILY	HOLDING	GS, LLLP		
Nam	ne of Limited Partnership or Lim	ited Liability	Limited Partner	ship	<del>_</del>
2. 8	/29/2007	3.	A0700	0001023	
<u> </u>		ment number	<del></del>		
4. The name of the reg Department of State:	istered agent and the registered	office address	as shown on the	e records of the Flori	ida
_	Corporation Ser	vice Comp	any	_	
-	Nan	10	•	-	
_	1201 Hay	s Street		_	
Address		-	28 3		
Tallahassee, FL 32301-2525		_	78 E		
_	City, State	and Zip			<b>表 2</b>
5. The name and Ploric	la street address of the new regi	stered agent ar	id/or office:		JUN 29 AM ID: 5. CRETARY OF STAT LAHASSEE FLORI
	Dennis Langer		_	F 5	
	Name			95 4	
_	8231 Bay Colony Drive, Unit 1804		_	무금 -	
_	Florida street address (P.O. Box not acceptable)				
	Naples	F	j. 34108		
<b></b>	City, State	and Zip		•	
6. Such change(s) is/ar	e effective when filed by the Flo	orida Departme	ent of State.		
Demis	H Fanger				
Signature of General Pa	artner				
comply with the provisi	ointment as registered agent an ons of all statutes relative to the an accept the obligations of my	proper and co	mplete perforn		
Signature of Registered	Agent Agent				

Filing Fee:

Certified Copy (optional): \$52.50

\$35.00