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EXAMINER

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 Management, 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 gopy 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 LEP

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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.

1Nai	LANGER FAMILY me of Limited Partnership or				
	8/29/2007	3.		0001025	
Date of filing	/registration in Florida	<u> </u>	Florida docun	nent number	
4. The name of the repeatment of State:	gistered agent and the registe	red office address	as shown on the	records of the Florida	
	Corporation S	Service Comp	any		
		Name			
	1201 F	lays Street			
	A	ddress			
	Tallahassee	, FL 32301-25	25		
	City, S	tate and Zip			
5. The name and Flori	ida street address of the new	registered agent an	d/or office:	SECR	09 <u> </u>
	Denn	is Langer			
	1	Name		AR SS	
	8231 Bay Color	ny Drive, Unit	1804	111	e in
·	Florida street address	(P.O. Box not acc	eptable)		ي ري
	Naples	Fl	34108	SE SE	 Л
•	City, S	tate and Zip			л
6. Such change(s) is/a	re effective when filed by the	Florida Departme	nt of State.		
Bewwy Signature of General P	H-Fangl				
comply with the provis and tan familiar with ALMM	pointment as registered agent ions of all statutes relative to an accept the obligations of	the proper and co	mplete performa		
Signature of Registered Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50