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(Requ	iestor's Name)			
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(City/	State/Zip/Phon	re #)		
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TALLAHASSEE ET DEID

D. BRUCE

AUG 22 2008

EXAMINER

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 ha registered	a office of registered agent, or be	tii, iii tiie state of 1 tottaat		
1. Hochman Ir	nvestments LLLP			
Na	me of Limited Partnership or Limite	ed Liability Limited Partnership		
_{2.} 9/10/2007		_{3.} A0700001059		
	g/registration in Florida	Florida document number		
4. The name of the ro Department of State:	egistered agent and the registered off	ice address as shown on the record	is of the Florida	
	Corporation Service	Company		
	Name			
•	1201 Hays Street			
	Address	3		
	Tallahassee, FL 323	01		
	City, State ar	ıd Zip		
5. The name and Flo	rida street address of the new registe	ered agent and/or office:	TAI	
	David Haver	-	OB ALLA	
	Name		LAHA 1000 S	
	16520 Senterra Drive	7	SSE SSE	
	Florida street address (P.O.			
	Delray Beach	_{FL} 33484	AM IO: 21 Se state Se florida	
	City, State ar			
6 Such change(s) is	are effective when filed by the Flori	do Department of State		
o. Such change(s) is	are effective when fried by the Fiori	da Department of Blace.		
50. 6				
Signature of General	Partner .			
comply with the prov	ppointment as registered agent and a isions of all statutes relative to the p If an accept the obligations of my po	roper and complete performance o	her agree to of my duties,	
Signature of Register	ed Agent			
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50



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	Corporation Service Co	ompany		
	Name			
	1201 Hays Street			
	Address			
	Tallahassee, FL 3230	ı AZ	80	
	City, State and 2	Zip S	AUG	j,
5. The name and Flor	rida street address of the new registered	agent and/or office:	62	a and
	David Haver	(D) (i) en-aurge
	Name		. =	il t
16520 Senterra Drive			AH IO: 2	-
Florida street address (P.O. Box not acceptable)				
	Delray Beach	_{FL} 33484		
	City, State and 2			
6. Such change(s) is/	are effective when filed by the Florida	Department of State.		
	111			
Signature of General	Partner			
comply with the provi	sions of all statutes relative to the prop an accept the obligations of my positi	ee to act in this capacity. I further agree to er and complete performance of my duties, on as registered agent.		
Signature of Registere	ed Agent			

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50