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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: EDISON FARMS ASSOCIATES LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER:	A0800000044)44 · · · · · · · · · · · · · · · · · ·
The enclosed Statement of Change of Reg fee(s) are submitted for filing.	gistered	Office a	nd/or F	Registered Agent and
Please return all correspondence concerni	ing this 1	natter to	ı.	•
John Parrish, Esq.				
Contact Person				
Parrish White & Lawhon,	, PA			
Firm/Company	<u> </u>		_	
3431 Pine Ridge Road, Sui	ite 101			
Address			_	
Naples, FL 34109				
City, State and Zip Code				
E-mail address: (to be used for future annual	•	ĺ		
For further information concerning this m	atter, pl	ease call	:	
John Parrish	at (239)	566-2013
Name of Contact Person	Ā	rea Code	and Day	rtime Telephone Number
Enclosed is a \$35.00 check made payable	to the F	lorida D	epartm	ent of State.
STREET ADDRESS:		MAI	LING	ADDRESS:
Registration Section	Registration Section			
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallal	hassee.	FL 32314

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.

	FARMS ASSOCIAT				
Nan	ne of Limited Partnership or Lir	mited Liability Lii	mited Partnersl	nip	
2. 01/11/2008		3.	A08000		
Date of filing/		Florida document number			
4. The name of the reg Department of State:	sistered agent and the registered	office address as	shown on the	records of the Florida	
_	Janet A	Aronoff			
	Nai	me			
_	3431 Pine Ridge		101		
	Add	ress			
.	Naples, F				3
	City, State	e and Zip		CAR LA	:
5. The name and Florid	da street address of the new reg	istered agent and/	or office:	NASA N	·
	John Parr	rish, Esq.		SEE SY C	ILED
-	Mar	me			D
	3431 Pine Ridge	Road. Suite 1	01	98 T	
-	Florida street address (P.	O. Box not accep	table)) -
	Naples	FL	34109		
-	City, State				
6. Such change(s) is/ar	e effective when filed by the Fl	orida Department	of State.		
-		-			v
Signature of General Pa	artner				
comply with the movisi and I am familed with	pointment as registered agent are ions of all statutes relative to the an accept the obligations of my	e proper and com	plete performa		
	•				
Filing Fee:	\$35.00				
Certified Copy (op	otional): \$52.50				