## A0800000230

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DIVISION OF CORPURATE

G. MCLEOD

MAR 2 0 2008

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations SUBJECT: Hickey Investments, LL	LP			
(Name of Limited Partnership or Limited Liability Limited Partnership)				
DOCUMENT NUMBER: A08000000230				
The enclosed Statement of Change of Registered Office(s) are submitted for filing.	ce and/or Registered Agent and			
Please return all correspondence concerning this matter	er to:			
	<u> </u>			
Katz Baskies LLC				
(Firm/Company)				
2255 Glades Road, Suite 240W				
(Address)				
Boca Raton, FL 33431				
(City, State and Zip Code)				
For further information concerning this matter, please call:				
Jeffrey A. Baskies at (561	) 910-5700			
	a Code and Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Florida Department of State.				
STREET ADDRESS:	MAILING ADDRESS:			
	Division of Corporations			
Clifton Building P	P. O. Box 6327			
	Callahassee, FL 32314			
Tallahassee, FL 32301				

INHS04 (01/06)

## 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.

1. Hickey Inv	vestments, LLLP			
	ne of Limited Partnership or Limite	d Liability Limi	ted Partnership	
2. March 5, 2			00000230	
Date of filing/	registration in Florida	Fl	orida document number	
4. The name of the reg Department of State:	istered agent and the registered off	ice address as sh	nown on the records of the Fl	lorida
_	Edward Hickey			
	Name			
_	9231 School House	Road		
	Address	ì		
	Coral Gables, FL	33156		
-	City, State an			
5. The name and Florid	da street address of the new registe	red agent and/or	office:	
<u>-</u>	Edwin Hickey	· · · · · · · · · · · · · · · · · · ·	<u>-</u> .	
	Name			
_	9231 School House	Road		
	Florida street address (P.O.	Box not accepta	ble)	
_	Coral Gables,	fiFL	33156	
	City, State an	ıd Zip		
6. Such change(s) is/ar	re effective when filed by the Florid	da Department o	f State.	
Signature of General Pa	artner	* * *		
-	oointment as registered agent and a	gree to act in th	is capacity. I further agree.	to
comply with the provisi	ions of all statutes relative to the pr on recept the obligations of my po	roper and compl	ete performance of my dutie.	
Signature of Registered	Agen			
Filing Fee: Certified Copy (or	\$35.00 otional): \$52.50			