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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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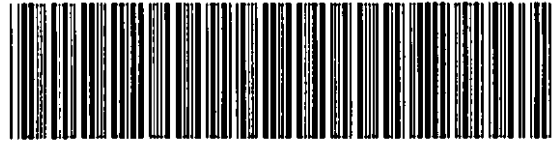
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Menna Family Limited Partnership, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A08000000545

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ian Larson

Contact Person

Menna Development & Management, Inc.

Firm/Company

PO Box 4189

Address

Clearwater, FL 33758

City, State and Zip Code

ilarson@mdmhotels.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Beil

at (7277960021)

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. Menna Family Limited Partnership, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/07/2008 3. A08000000545
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Liandrea Menna
Name

2629 McCormick Dr., Ste. 102
Address

Clearwater, FL 33759
City, State and Zip

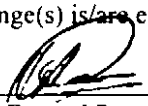
5. The name and Florida street address of the new registered agent and/or office:

Ian Larson
Name

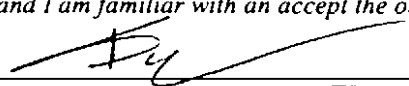
2629 McCormick Dr., Ste. 102
Florida street address (P.O. Box not acceptable)

Clearwater FL 33759
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner, ANTHONY MENNA

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent, DAN LARSON

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
MAY 11 2008
TALLAHASSEE
FLORIDA