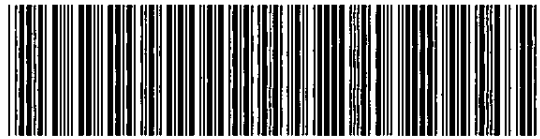


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

C. LEWIS  
FEB 10 2009  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Chrisman Family Limited Partnership, LLP  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A09000000031

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:

Michael J. Nolan  
(Contact Person)

GrayRobinson, P.A.  
(Firm/Company)

201 N. Franklin Street Suite 2200  
(Address)

Tampa, FL 33602  
(City, State and Zip Code)

For further information concerning this matter, please call:

Michael J. Nolan at ( 813 ) 273-5039  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

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

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. The Chrisman Family Limited Partnership, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. January 9, 2009 Date of filing/registration in Florida  
3. A09000000031 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:

John W. West III  
Name

2 N. Tamiami Trail, Suite 306  
Address

Sarasota, FL 34236  
City, State and Zip

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

Michael J. Nolan  
Name

201 N. Franklin Street, Suite 2200  
Florida street address (P.O. Box not acceptable)

Tampa FL 33602  
City, State and Zip

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

Alta Diane Chrisman  
Signature of General Partner

*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]  
Signature of Registered Agent

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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