

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RDM FAMILY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A09000000254

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:

R. MICHAEL MARSTON

Contact Person

RDM FAMILY LIMITED PARTNERSHIP

Firm/Company

250 N BELCHER ROAD STE 100

Address

CLEARWATER FLORIDA 33765

City, State and Zip Code

EARLLFRYE@AOL.COM

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

For further information concerning this matter, please call:

EARL L. FRYE

Name of Contact Person

at (239)

272-9428

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

**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.

FILED
10 JAN 22 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. RDM FAMILY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/16/2009 3. A09000000254
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:

FIELDSTONE, RONALD R., ESQ. C/O ARNSTEIN & LEHR LLP
Name

201 ALHAMBRA CIRCLE #601
Address } new address:
CORAL GABLES, FLORIDA 33134 } 200 S. BISCAYNE BLVD
City, State and Zip } MIAMI FL 33131
STE 3600

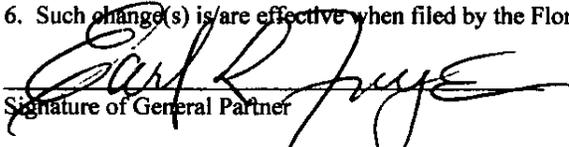
5. The name and Florida street address of the new registered agent and/or office:

R. MICHAEL MARSTON
Name

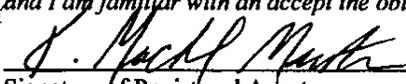
250 N. BELCHER RD STE 100
Florida street address (P.O. Box not acceptable)

CLEARWATER FL 33765
City, State and Zip

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


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 of Registered Agent

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