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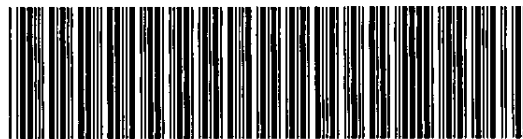
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRANADILLO ASSOCIATES, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A11000000087

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:

BECKY DILLER

Contact Person

QUARLES & BRADY LLP

Firm/Company

411 E WISCONSIN AVE STE 2040

Address

MILWAUKEE WI 53202

City, State and Zip Code

barbara@granadillos.com

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

For further information concerning this matter, please call:

BECKY DILLER

Name of Contact Person

at (414)

277-5541

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.

1. GRANADILLO ASSOCIATES, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/25/2011 3. A11000000087
Date of filing/registration in Florida Florida document number

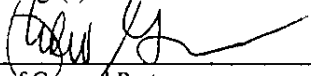
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NAPLES-LAWDOCK, INC.
Name
1395 PANTHER LANE, SUITE 300
Address
NAPLES FL 34109
City, State and Zip

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

BARBARA J. GRANADILLO
Name
7218 TORY LANE
Florida street address (P.O. Box not acceptable)
NAPLES FL 34108
City, State and Zip

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


Signature of General Partner PEDRO P. GRANADILLO

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 BARBARA J. GRANADILLO

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

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