

A.29919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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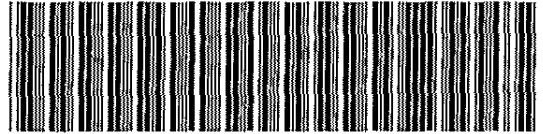
(Business Entity Name)

(Document Number)

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06/29/05--01022--001 \*\*25.00

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*W/07/26/05*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Marie Partners, Ltd.  
(Name of corporation) ~~LTC~~

**DOCUMENT NUMBER:** A 29919

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Nancy M. Arroyo  
(Name of contact person)

ARROYO, P.A.  
(Firm/Company)

9737 NW 41st Street, #145  
(Address)

Doral, FL 33178-2924  
(City/state and zip code)

For further information concerning this matter, please call:

Nancy M. Arroyo at ( 305 ) 477-3342  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a <sup>25.00</sup>~~35.00~~ check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 6, 2005

NANCY M. ARROYO  
ARROYO, P.A.  
9737 NW 41ST STREET, #145  
DORAL, FL 33178-2924

SUBJECT: MARIE PARTNERS, LTD.  
Ref. Number: A29919

We have received your document for MARIE PARTNERS, LTD. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form and fee you submitted were for a limited liability company, but your entity is a limited partnership. Please complete and return the enclosed form, along with a copy of this letter and the remaining \$10 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 905A00044938

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Marie Partners, Ltd.  
Name of the limited partnership

2. 04/13/1990 Date of filing/registration in Florida  
3. A29919 Document number assigned

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

Nancy M. Arroyo, c/o Arroyo, P.A.  
Name  
6701 Sunset Drive, Suite 104  
Address  
Miami, FL 33143  
City, State and Zip

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

Nancy M. Arroyo, c/o/ Solms & Associates, LLC  
Name  
9100 S. Dadeland Blvd., Suite 1602  
Florida street address (P.O. Box **not** acceptable)  
Miami FL 33156  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

  
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

Nancy M. Arroyo 07/20/05  
Signature of Registered Agent

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05 JUL 26 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**