A32397

EL MERCADO ASSOCIATES, LTD.			
1200 BRICKELL AVE., SUITE 1500 MIAMI, FL 33131			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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2004 OCT 28 PN 2: 50
ALLAHASSEE, FLORIDA

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.

T. El Mercado Asse	ociates, Ltd.	
	Name of the limited partnership	
2. 12/26/1991	3. A32397 gistration in Florida Document number assign	
Date of filing/reg	gistration in Florida Document number assign	1ea
4. The name of the reportment of State	gistered agent and the registered office address as shown on the te: Parn Pearce	records of the Florida
	Name	
	1200 Brickell Avenue, Ste. 1500	<u></u>
	Address	
	Miami, FL 33131	
	City, State and Zip	28 HAS
5. The name and addr	ress of the new registered agent and/or office:	TOTAL CALLS SEE, FLORID
	Pam Pearce	T
-	Name	- 聖言 3
	801 Arthur Godfrey Road, Suite 600	THE STATE OF THE S
•	Florida street address (P.O. Box not acceptable)	-
1	Miami Beach _{FL} 33140	
6 Such change(s) was	City, State and Zip s/were authorized by the general partners.	
o. outli change(b) was	is wore addicated by the general particles.	
	N	
Signature of General Parise	Stophen H. Bittel, PD of EI Hercad	b, luc. G.S.
I hereby accept the app	pointment as registered agent and agree to act in this capacity. I	
with the provisions of	all statutes relative to the proper and complete performance	of my duties, and I am
familiar with and accep	pt the obligations of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the	document is being filed
been noutfield in writing	g of this change	umueu parmersmp nas
16/1		
1000		
Signature of Registered Age	ent	

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

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