

A95000000442

Requestor's Name _____
Address _____
City/State/Zip _____ Phone # _____

500002154965--9
-04/25/97--01046--010
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

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Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

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Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
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RA/RO
change
SP
5/2/97

Examiner's Initials _____

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 organized under the laws of the state of FLORIDA, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PRIVATE MONEY MANAGEMENT FAMILY LIMITED PARTNERSHIP
Name of the limited partnership

2. 3/17/95
Date of filing/registration in Florida

3. A95000000442
Document number assigned

4. The name and address of the present registered agent and office:

RICHARD C. ERNST
5259 W. DAKWOOD ROAD
ORLANDO, FL 32819

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

HAROLD O. MILLER, CHARTERED
400 TAMiami TRAIL SOUTH STE 250
VENICE, FLORIDA 34285

Such change was authorized by the general partners.

[Signature] 4/22/97
Signature of General Partner Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.

[Signature] 4/16/97
Registered Agent signature Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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