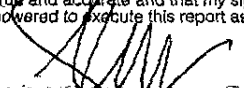


FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000002092				Secretary of State	
1. Entity Name SANMARTIN FARMS LIMITED PARTNERSHIP					
Principal Place of Business 9123 N. MILITARY TR., SUITE 200 PALM BEACH GARDENS, FL 33410		Mailing Address 9123 N. MILITARY TR., SUITE 200 PALM BEACH GARDENS, FL 33410			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3436362	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAICH, FLORIAN 9123 N. MILITARY TR., SUITE 200 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record, \$535,670.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	9123 N. MILITARY TR., SUITE 200		CITY-ST-ZIP		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	000000366816	
DOCUMENT #	NAME		STREET ADDRESS	05/16/05-80007-018 526.25	
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE:  F. Braich			Date: 4/20/05 Daytime Phone #: 5616272399		