## P91000000099

(Requestor's Name)
Jack Pummel 14201 Cyber Pl Tampa, Fl. 33613
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:
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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	14250 KEALTY ASSOCIATES, LTD
_	Name of the limited partnership
2.	Date of filing/registration in Florida  3. A 96 00000519  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:  NTRACTATE REGISTERED AGENT CORP.  Name  Name  CRANCE AUE - SUITE 2600  Address  CRLANDO FL 32801  City, State and Zip
5.	The name and address of the new registered agent and/or office:    TACK
	Such change(s) was/were authorized by the general partners.

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.

Signature of Registered Agent

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