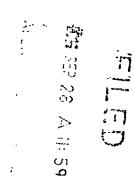
A96000000892





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COVER LETTER

Division of Corporations SUBJECT: Stiles Holdings and Investment Partnership, Ltd. Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER:____ A96000000892 The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Kathy Moro Contact Person Frank Weinberg Black, P.L. Firm/Company 7805 SW 6th Court Address Plantation, FL 33324 City, State and Zip Code Lynda.Watkins@Stiles.com KMoro@fwblaw.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lynda Watkins at (954) 627-9350 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Registration Section

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

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Stiles Holdin	gs and Investment Partners ne of Limited Partnership or Lir	ship, Ltd.			
iNai	ne of Limited Partnership of Lif	nned Liability Limited Parine	жыр		
2. 05/10/1996		3. <u>A96000000892</u>			
Date of filing/registration in Florida		Florida document number			
4. The name of the reg Department of State:	gistered agent and the registered	office address as shown on the	he records o	of the Flo	rida
	CORPORATION SERVIO	CE COMPANY			
	Na		_		
	1201 HAYS STREET				
	Add	ress	_		
	TALLAHASSEE, FL 323	01-2525			
	City, State	and Zip		3	
5. The name and Florida street address of the new registered agent and/or office:		stered agent and/or office:	٠.	1 (5)	ij
	FRANK WEINBERG & I	BLACK P.L.	,	<i>⇔</i>	F
	Nai		_	>	4
1875 NW CORPORATE BI C/O STEVEN DEUTSCH, I			:	Ω -∺ -	Ü
Florida street address (P.O. Box not acceptable)			-رز	Ω	
	BOCA RATON	FL_33431			
	City, State	and Zip			
6. Such change(s) is/a	re effective when filed by the Fl	orida Department of State.			
Signature of General P	artner				
comply with the provis	pointment as registered agent a ions of all statutes relative to the an accept the obligations of my	e proper and complete perfoi			
Signature of Registered	i Agent				

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50