

A96000000944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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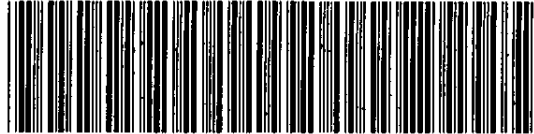
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

AUG - 6 2008

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Capital Asset Holdings, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: L96000000944

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:

Linda S. Rudy

(Contact Person)

TAXSERV, LLC

(Firm/Company)

1665 Palm Beach Lakes Blvd., Suite 730

(Address)

West Palm Beach, FL 33401

(City, State and Zip Code)

For further information concerning this matter, please call:

Linda S. Rudy

(Name of Contact Person)

at (561) 682-0877

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

INHS04 (01/06)

**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. Capital Asset Holdings, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/22/1996

Date of filing/registration in Florida

3. A96000000944

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System

Name

1200 South Pine Island Rd.

Address

Plantation, FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

James P. Paul, Esq.

Name

3030 Rosewood Court

Florida street address (P.O. Box not acceptable)

Davie FL 33328

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Linda S. Rudy
Signature of General Partner

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.

James P. Paul
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA