# A960000001079

2005 FEB 21 A 11: 27

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#### FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State 2005 FEB 21 A 11: 27

February 1, 2005

SECRETARY OF STATE TALLAHASSEE. FLORIDA

JOANN ABRAMOWITZ P.O. BOX 940928 MAITLAND, FL 32794-0929

SUBJECT: HARTMAN CAPITAL INVESTMENTS, LTD.

Ref. Number: A96000001079

We have received your document for HARTMAN CAPITAL INVESTMENTS, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 105A00007032

#### **COVER LETTER**

TO: Amendment Section Division of Corporations	1/19/05	
SUBJECT: SEE ATTACHED LIST (Name of corporation)	2005 FEB 21 A II: 27  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT NUMBER:		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
TOANN ABRAMOUTTZ (Name of contact person)		
JAMEJ A HARTMAN, P.A. (Firm/Company)		
P. O. Box 940928 (Address)	<u> </u>	
MAITLAND FL 3272 (City/state and zip code)	94-0929	
For further information concerning this matter, please call:		
JOAN ABRAMONITZ at (352) (Name of contact person) (Area code 8	326-5818 Edaytime telephone number)	

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## 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. SECRETARY OF STATE TALLAHASSEE, F 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 5. The name and address of the new registered agent and/or office: 6. Such change(3) was/were authorized by the general partners. Signature of Genefal 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.

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

Signature of Regis