

A97000000411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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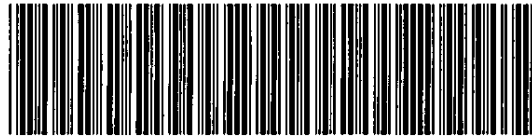
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A97-411  
OK

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** KOORNNEEF LIMITED PARTNERSHIP NO. 1

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A97000000411

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:

JEFFREY D. WEINSTOCK, ESQ.

(Contact Person)

BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP

(Firm/Company)

PO BOX 810155

(Address)

BOCA RATON, FL 33481-0155

(City, State and Zip Code)

For further information concerning this matter, please call:

JEFFREY D. WEINSTOCK at ( 561 ) 241-0414

(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:**

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)

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TALLAHASSEE, FLORIDA

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**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. KOORNNEEF LIMITED PARTNERSHIP NO. 1

Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/12/1997

Date of filing/registration in Florida

3. A97000000411

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:

HARRIS, BERT J III

Name

401 DAL HALL BOULEVARD

Address

LAKE PLACID, FL 33852

City, State and Zip

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

BDB AGENT CO.

Name

5355 TOWN CENTER ROAD, SUITE 900

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

BOCA RATON, FL 33486

City, State and Zip

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

By: 

Signature of General Partner

Jacob Koornneef, Director

*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.*

BDB AGENT CO., an Ohio Corporation

By: 

Signature of Registered Agent

Sol Zoberman, Asst. Secretary

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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