

A97000000607

Please excuse the late delivery. I have been in the process of finding a new address.

Steve Alten  
9447 Coventry Lake Court  
West Palm Beach, FL. 33411

phone: 561-798-0844

A97-607

\$35.00

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02 JUL -2 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 25, 2002

STEVE ALTEN  
9447 COVENTRY LAKE COURT  
WEST PALM BEACH, FL 33411

SUBJECT: ALTEN LIMITED PARTNERSHIP  
Ref. Number: A97000000607

We have received your document for ALTEN LIMITED PARTNERSHIP, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 302A00040793

A handwritten signature in black ink, appearing to read "Michelle Hodges", with a stylized flourish at the end.

**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. Alter Limited Partnership  
Name of the limited partnership

2. June 17, 2002 3. A97000000607  
Date of filing/registration in Florida 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:

Steve Alten  
Name  
9541 Fox Trot Ln.  
Address  
Born Rston, FL 33496  
City, State and Zip

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

Steve Alten  
Name  
9447 Coventry Lake Cr.  
Florida street address (P.O. Box not acceptable)  
West Palm Bch FL 33411  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

[Signature]  
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. 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]  
Signature of Registered Agent

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TALLAHASSEE FLORIDA

**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**