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NELSON & LEVINE, P.A.

Barry A. Nelson
Fellow, American College of
Trust and Estate Counsel
Master of Laws in Taxation
Board Certified Taxation &
Wills, Trusts & Estates

Marcia E. Levine
Master of Laws in Taxation

Louis A. "Drew" La Grande

Mirlene E. Dubreuzé
Office Manager

2775 Sunny Isles Boulevard, Suite 118
North Miami Beach, Florida 33160

E-mail: info@estatetaxlawyers.com
Web site: www.estatetaxlawyers.com

Telephone: 305.932.2000
TeleFax: 305.932.6585

OF COUNSEL

Richard B. Comiter
Master of Laws in Taxation
Board Certified Taxation

Jerry Simon Chasen
Master of Laws in Estate Planning

John F. Hernandez
Master of Laws in Taxation

Judith S. Nelson
Former Judge of Compensation Claims

Mitchell E. Silverstein
Master of Laws in Taxation

May 1, 2002

PERSONAL & CONFIDENTIAL

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

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-05/06/02--01069--020
*****70.00 *****35.00

Re: **Tornberg Family Holdings, Inc.**
Tornberg Family Limited Partnership
Our Client Reference No. 823 (C.I)

Dear Sir/Madam:

Enclosed please find the following:

1. A Statement of Change of Registered Office or Registered Agent or Both for Corporations;
2. Limited Partnership Statement of Change or Registered Office or Registered Agent, or both; and
3. Check made payable to the "Department of State" in the amount of \$70.

Please acknowledge receipt of this letter by signing a copy and returning it to me in the envelope enclosed for your convenience. Thank you for your cooperation.

Very truly yours,

Drew La Grande
DREW LA GRANDE
For the Firm

DL/ns
Enclosures
cc: Ralph Tornberg

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Receipt of the above-mentioned forms and check in the amount of \$70 is hereby acknowledged
this _____ day of _____, 2002.

DEPARTMENT OF STATE

By: _____

J. BRYAN MAY 15 2002

FILED
2002 MAY -6 AM 10:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. Tornberg Family Limited Partnership
Name of the limited partnership
2. 4/28/1997
Date of filing/registration in Florida
3. A97000000927
Document number assigned

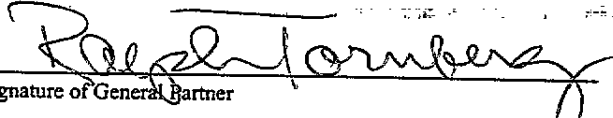
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Barry A. Nelson, Esq.
Name
19495 Biscayne Blvd., Suite 609
Address
Aventura, FL 33180
City, State and Zip

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

Barry A. Nelson, Esq., c/o Nelson & Levine, P.A.
Name
2775 Sunny Isles Blvd., Suite 118
Florida street address (P.O. Box not acceptable)
North Miami Beach FL 33160
City, State and Zip

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


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 of Registered Agent

**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**

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2002 MAY -6 AM 10:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA