

**A97000001507**

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(Requestor's Name)

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\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

DEC 17 2009

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Burrus Investments of Florida, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A97000001507

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:

Christopher Schott

Contact Person

Burrus Investment Group, Inc.

Firm/Company

401 Veterans Blvd., \$102

Address

Metairie, LA 70005

City, State and Zip Code

cds@burrusgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Schott

Name of Contact Person

at ( 504 ) 212-1692

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2009

CHRISTOPHER SCOTT  
BURRUS INVESTMENT GROUP, INC.  
401 VETERANS BLVD., STE. 102  
METAIRIE, LA 70005

SUBJECT: BURRUS INVESTMENTS OF FLORIDA, LTD.  
Ref. Number: A97000001507

We have received your document for BURRUS INVESTMENTS OF FLORIDA, LTD., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 009A00035568

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cds@burrusgroup.com  
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P. O. Box 6327  
Tallahassee, FL 32314

**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. Burrus Investments of Florida, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 06-09-1997 3. A97000001507  
Date of filing/registration in Florida 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:

Valdes-Fauli Corporate Services, Inc.

Name

777 S. Flagler Dr., Suite 500 East

Address

West Palm Beach, FL 33401

City, State and Zip

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

David R. Burrus

Name

64 Lake Dr.

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

Palm Beach Shores FL 33404

City, State and Zip

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

Amithal Shah - Secretary of B16 Investments Incorporated -G.P.  
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.*

[Signature]  
Signature of Registered Agent

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

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2009 DEC 16 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA