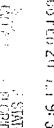
## A97000002886

(Red	questor's Name)	
(Add	dress)	
(Ad	dress)	
(/W	u, 039)	
(City	//State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doe	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
		2/20
	Office Use Onl	V NIDEO



100066166591

02/20/06~-01012~-008 \*\*35.00



## COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: 68, Ltd. (Name of Limited Partnership or Limited Liability Limited Partnership) **DOCUMENT NUMBER:** A97000002886 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: Eliazabeth Bello (Contact Person) (Firm/Company) 1460 West 68 Street (Address) Hialeah, FL 33014 (City, State and Zip Code) For further information concerning this matter, please call: Elizabeth Bello at ( 305 ) 733-0764

(Area Code and Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, FL 32314

INHS04 (01/06)

2661 Executive Center Circle

Tallahassee, FL 32301

## 06 FEB 2n 73 9: 31

## 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.

<sub>1.</sub> 68, Ltd.	
Name of Limited Partnership or Limited	Liability Limited Partnership
<sub>2.</sub> 12/29/97	<sub>3.</sub> A97000002886
Date of filing/registration in Florida	Florida document number
4. The name of the registered agent and the registered offi Department of State:	ce address as shown on the records of the Florida
Lester Barreras	
Name	
1450 West 68 Stre	et
Address	
Hialeah, FL 33014	<b>.</b> ≥ 200
City, State and	1 Zip
5. The name and Florida street address of the new register	ed agent and/or office:
Elizabeth Bello	25 i.
Name	Sy/
1460 West 68 Stre	et ŞÃ
Florida street address (P.O. I	Box not acceptable)
, Hialeah,	<sub>FL</sub> 33014
City, State and	
6. Such change(s) is are effective when filed by the Florid	a Department of State
By:	a Department of State.
Signature of General Partner Endique Bollo, President of 68, cmc.	as the general Partner
I hereby accept the appointment as registered agent and as	gree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the pro	oper and complete performance of my duties,
and Lam familiar with an accept the obligations of my post	tion as registered agent.
ZKapeti Duo	
Signature of Registered Agent	
Filing Fee: \$35.00	
Certified Copy (optional): \$52.50	