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ACQUISITION GROUP, LLC
400 S. Pointe Dr #510
Miami Beach, FL 33139

City/State/Zip

Phone #

500004439625--2
=06/25/01--01118--002
*****35.00 *****35.00

6/25

MJH

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time Certified Copy
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 25 PM 4: 28

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NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

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. ACQUISITION GROUP, LTD
Name of the limited partnership

2. 1-05-98
Date of filing/registration in Florida

3. A98000000047
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:
BERNARD A. SINGER
Name
4925 SHERIDAN ST, SUITE A
Address
HOLLYWOOD, FL 33021
City, State and Zip

5. The name and address of the new registered agent and/or office:
EMANUEL BENJAMIN
Name
400 S. POINTE DR # 510
Florida street address (P.O. Box not acceptable)
MIAMI BEACH, FL 33139
City, State and Zip

6. Such change(s) was/were authorized by the general partners.
Acquisition Group Management, Inc., its General Partner
By Emanuel Benjamin, President
Signature of General Partner

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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.

Emanuel Benjamin
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**