

A98000001008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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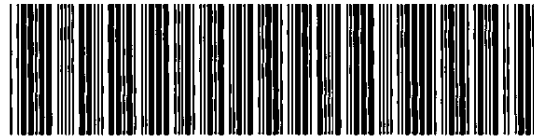
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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EXAMINER

CF \$35.00

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** ALDARO, LTD

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A98000001008

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:

Elliot P. Borkson, Esq.

(Contact Person)

Elliot P. Borkson, P.A.

(Firm/Company)

1313 S. Andrews Avenue

(Address)

Fort Lauderdale, FL 33316

(City, State and Zip Code)

For further information concerning this matter, please call:

Elliot P. Borkson, Esq.

(Name of Contact Person)

at ( 954 ) 462-6360

(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

INHS04 (01/06)

STATE  
DEPARTMENT OF  
TALLAHASSEE, FLORIDA

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**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. ALDARO, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. April 24, 1998

Date of filing/registration in Florida

3. A98000001008

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:

**Corporate Access**

Name

236 E 6th Avenue

Address

Tallahassee, FL 32303

City, State and Zip

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

Elliot P. Borkson, Esq.

Name

1313 S. Andrews Avenue

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

Fort Lauderdale FL 33316

City, State and Zip

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

  
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 of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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