A98000001216

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Former Judge of Compensation Claims

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May 1, 2002

PERSONAL & CONFIDENTIAL

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

Re.

Douglas Family Holdings, Inc.

Douglas Family Limited Partnership Our Client Reference No. 156 (NN.1) 000005452550--4 -05/06/02--01069--019 ******70.00 ******35.00

Dear Sir/Madam:

DL/ns Enclosures

Enclosed please find the following:

- 1. A Statement of Change of Registered Office or Registered Agent or Both for Corporations;
- 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 provided for your convenience. Thank you for your cooperation.

Drew Jan both DREW LA GRANDE
For the Firm

2002 MAY - 6 AM IO: 1

VILLON OF CORPORATI
ZALLAHASSEE, FLORI

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Marc Douglas

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

DEPARTMENT OF STATE

Ву:	

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.	Douglas Famil	y Limited Partnership	
		Name of the limited partnership	
2.	5/14/1998	A98000001216	
	Date of filing/regist	ration in Florida Document number assigned	
4.	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., c/o Nelson & LaFemina, P.A.	
		Name 19495 Biscayne Blvd., Suite 609	
Address			
		Aventura, FL 33180	
		City, State and Zip	
5.	The name and address	s 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 Fr 33160	
6.	Such change(s) was/w	City, State and Zip were authorized by the general partners.	
	DOUGEAS 1	-amily Hoklings Inc.	
	pa //		
Sig	gnature of General Partner		
fai me	miliar with and accept i	ntment as registered agent and agree to act in this capacity. I further agree to comply a statutes relative to the proper and complete performance of my duties, and I am the obligations of my position as registered agent. Or, if this document is being filed e in the registered office address, I hereby confirm that the limited partnership has this change.	
Sig	nature 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