

A9900000235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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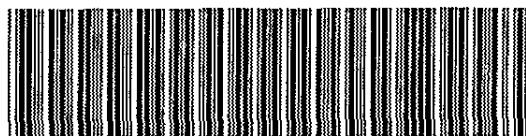
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TAMPA, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 5581 S.O.B.T., LTD.
(Name of Corporation)

DOCUMENT NUMBER: A99000000235

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara A. Gray
(Name of Contact Person)

5581 S.O.B.T., LTD.
(Firm/Company)

Mailing Address:
6850 South Highway 17-92
(Address)

Fern Park, FL 32730
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Gray at (407) 830-5974
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2006

BARBARA A GRAY
6850 SOUTH HIGHWAY 17-92
FERN PARK, FL 32730

SUBJECT: 5581 S.O.B.T., LTD.
Ref. Number: A99000000235

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 5581 S.O.B.T., LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 506A00065115

**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. **5581 S.O.B.T., LTD**

Name of Limited Partnership or Limited Liability Limited Partnership

2. **02/10/1999**

Date of filing/registration in Florida

3. **A99000000235**

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:

Steven M Labret Esq.

Name

226 Hillcrest Street

Address

Orlando, FL 32801

City, State and Zip

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

Gerald Uranick

Name

1365 Windsong Road

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

Orlando

FL 32809

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA