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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: The Manuel Triana Jr. Family Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A99000000262

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:

Sandra Zabielinski

(Contact Person)

Jonathan H. Green & Associates, P.A.

(Firm/Company)

799 Brickell Plaza, Ste. 700

(Address)

Miami, FL 33131

(City, State and Zip Code)

For further information concerning this matter, please call:

Sandra Zabielinski

(Name of Contact Person)

(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)

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. The Manuel Triana Jr., Family Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2.02/16/1999

Date of filing/registration in Florida

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jonathan H. Green & Associates, P.A.

799 Brickell Plaza, Suite 700

Miami, Florida 33131

City, State and Zip

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

Richard Krinzman, Esq.

Name

1111 Brickell Avenue, Suite 2915

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

Miami

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee:

Certified Copy (optional): \$52.50