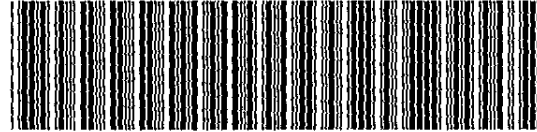


A99000002039

2004 DEC -1 P 2:17

SECRETARY OF STATE  
(Requestor's Name) ATLANTA, FLORIDA



800042682178

(Address)  
Daly Family LTD Partnership  
10850 Hildtop Dr  
NPR, FL 34654

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

11/22/04--01030--011 \*\*35.00

Special Instructions to Filing Officer:

AL

Office Use Only

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH** **FILED**

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.

Version 1.0 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Daly Family Limited Partnership  
Name of the limited partnership

2. 12/8/99  
Date of filing/registration in Florida

3. A9900000 2039  
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:

Daly, Robert F  
Name  
10850 Hilltop Drive  
Address  
New Port Richey, FL 34654  
City, State and Zip

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

Pamela Daly  
Name  
10850 Hilltop Drive  
Florida street address (P.O. Box **not** acceptable)  
New Port Richey FL 34654  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Pamela Daly, Pres of  
Daly Communications Inc, General Partner  
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. 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.*

Pamela Daly  
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**