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• COVER LETTER

TO: Registration Section Division of Corporations	
	r Limited Partnership LLLP d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Thomas A MacIvor Name of Person	
Summit Management Group Firm/Company	
3530 Kraft Road, Suite 204	
Naples, FL 34105 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
Iprice@summit-management.com E-mail address: (to be used for future annual report notificati	on)
For further information concerning this matter, ple	ase call:
at (_	
Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount \$25 Filing Fee	ount: \$55 Filing Fee & Certified Copy
Maza rung rec	woo i ning i co de common copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: _Antaramia	n Partner Limited Partnership LLLP
2. (a) Principal office address of limited liability company	y: 3530 Kraft Road, Suite 204
(Note: MUST BE STREET ADDRESS)	Naples, FL 34105
(b) Mailing address of limited liability company:	3530 Kraft Road Suite 204
(Note: MAY BE POST OFFICE BOX)	Naples, FL 34105
9/30/2003	B03000003804
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	R&A Agents, Inc
Registered Office Address:	% Stephen E Thompson, Assist Sec. 850 Park Shore Dr, Trianon Ctr, 3rd Flr Naples, FL 34103 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Summit Management Group of Florida
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3530 Kraft Road Suite 204 Naples ,FL34105
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identified liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited
Signature of a member or authorized representative of a member	_
F. Fred Pezeshkan Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent