

BO4000000096

(Requestor's Name)

340 Giralda Ave.

(Address)

Suite 817E

(Address)

Coral Gables, FL 33134

(City/State/Zip/Phone #)

☐

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☐

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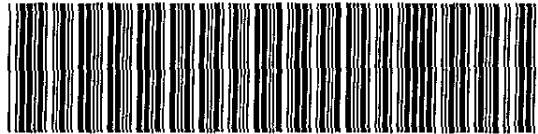
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Living Water Fund, L.P.
Name of the limited partnership

2. 03/04/2004
Date of filing/registration in Florida

3. B04000Q00096
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:

C T CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION FL 33324

City, State and Zip

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

Robert Jenkins

Name

340 GIRALDA AVE., SUITE 817-E

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

Coral Gables

FL 33134

City, State and Zip

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

Robert C. Jenkins
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.

Robert C. Jenkins
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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**