B0400000127

| • | | | | |
|-----------------------|----------|-----------|-------------|-----------|
| Law Of Fu | CS 0 | f M | lichae | / Lapat |
| | | | | |
| 3300 Un | ing | city | Da | ve |
| | • | , | | |
| Sui | ko (A) | 311 | <u> </u> | \$ |
| | • | • | | |
| Local Sp | ring | 300 | [] | 3065 |
| | (Ci | ty/State/ | Zip/Phone | #) |
| PIC | K-UP | | WAIT | MAIL |
| | (Ві | ısiness I | Entity Nam | e) |
| | (Do | cument | Number) | |
| | | | | |
| Certified Copies | | _ | ertificates | of Status |
| | | | | |
| Special Instruct | tions to | Filing O | fficer: | |
| | | | | |
| | | | | |
| | | | | |
| Į | · · | ~~ ~ | | |
| rne | | | | |
| , all shilling | | <u> </u> | | |
| The green green | | | | |
| DUN NO | · | L. T. | | |
| 4 \$ c | | _ Offic | e Use Only | <i>!</i> |
| | | | | |
| * | | ·0 | | |
| _ | ı, | DCC | | |
| " "افرواده د و و ی | | DCC | } | |



800055121348

05/31/05--01035--003 **85.00

FILED
2005 HAY 31 P 1: 15
SECRETARY OF STATE

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 I | Florida. | | | | |
|----------------|---|---|--|----------------------|-------------------------------|--------------------|
| 1. | Cilantro Fund Part | tners, Ltd. | | | | |
| ••• | | 1 | Name of the limited partnership | | | |
| 2. | 03-29-04 | | 3B04000000127 | | | |
| | Date of filing/registr | ration in Piorida | Document number assigne | 30 | | |
| 4. | The name of the regis Department of State: | stered agent and the Timothy Syke | ne registered office address as shown on the | records o | of the F | lorida |
| | - | Timothy Cyrc | Name | | | |
| | | 4249 Centerg | ate Lane, Suite 203 | | | |
| | • | | Address | | | |
| | | Orlando, FL 3 | 2814 | | | |
| | • | <u> </u> | City, State and Zip | | | |
| 5. | | s of the new regis imothy Sykes | tered agent and/or office: | | | |
| | | | Name | _ | | |
| | 32 | 210 Downs Co | ve Road | <u>.</u> | | |
| | | Florida stre | et address (P.O. Box not acceptable) | | | |
| | Wi | indermere | FL 34786 | | | |
| 6. | Such change(s) was/v | were authorized by | City, State and Zip the general partners. | SECRETA | 2005 HAY | 7 |
| Sig | gnature of General Partner | | | SER. 4 | 3 | i T |
| wi fa. m | ith the provisions of a miliar with and accept | ll statutes relative the obligations of ge in the registere | red agent and agree to act in this capacity. If to the proper and complete performance of my position as registered agent. Or, if this is ad office address, I hereby confirm that the life is a second confirm. | of my da document | ties, an t is b eir | d I am 1g filed |
| Si | gnature of Registered Agent | \mathcal{M} | | | | |

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