2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B04000000378

Entity Name: FOWLER, RODRIGUEZ, VALDES-FAULI, FLINT, GRAY, MCCOY, SULLIVAN AND CARROLL LLLP

Current Principal Place of Business:	**New Principal Place of Business:**
400 POYDRAS STREET, 30TH FLOOR NEW ORLEANS, LA 70130	400 POYDRAS STREET, 30TH FLOOR NEW ORLEANS, LA 70130 US

Current Mailing Address:	**New Mailing Address:**
355 ALHAMBRA CIRCLE, SUITE 801 CORAL GABLES, FL 33134 0	355 ALHAMBRA CIRCLE SUITE 801 CORAL GABLES, FL 33134 US

FEI Number: 72-1113170   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
REGISTERED AGENT CORPORATE SERVICES INC 355 ALHAMBRA CIRCLE STE 801 CORAL GABLES, FL 33134 US	REGISTERED AGENT CORPORATE SERVICES INC 355 ALHAMBRA CIRCLE SUITE 801 CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BETSY PARENTI, ASSIST. SECRETARY   03/16/2009

_____Electronic Signature of Registered Agent_____   _____Date_____

GENERAL PARTNER INFORMATION: **ADDRESS CHANGES ONLY:**

Document #:	
Name: FOWLER, GEORGE J III	
Address: 400 POYDRAS STREET, 30TH FLOOR	Address:
City-St-Zip: NEW ORLEANS, LA 70130	City-St-Zip:
Document #:	
Name: RODRIGUEZ, ANTONIO J	
Address: 400 POYDRAS STREET, 30TH FLOOR	Address:
City-St-Zip: NEW ORLEANS, LA 70130	City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ANTONIO J. RODRIGUEZ   GP   03/16/2009

_____Electronic Signature of Signing General Partner_____   _____Date_____