

BOB 0000000359

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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
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COVER LETTER

TO: Registration Section  
Division of Corporations  
SUBJECT: Haussler Investment Partners LP  
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B06000000359

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

David Kight  
(Contact Person)  
The Haussler Group  
(Firm/Company)  
8505 Baymeadows Rd  
(Address)  
Jacksonville, FL 32256  
(City, State and Zip Code)

For further information concerning this matter, please call:

David Kight at ( 904 ) 680.9299  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Haussler Investment Partners LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/5/06  
Date of filing/registration in Florida

3. B06000000359  
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System  
Name

1200 South Pine Island Rd  
Address

Plantation, FL 33324  
City, State and Zip

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

David Kight  
Name

8505 Baymeadows Rd  
Florida street address (P.O. Box not acceptable)

Jacksonville FL 32256  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

David Kight  
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 an accept the obligations of my position as registered agent.*

David Kight  
Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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