## B0700000048

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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: The Third Friday Market Neutral Total Return Fund, L.P.  Name of Limited Partnership or Limited Liability Limited Partnership						
DOCUMENT NUMBER: 80700000048						
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:					
Daniel Goldburg						
Contact Person						
Third Friday Management, LLC						
Firm/Company						
832 Eastview Ave.						
Address						
Delray Beach, FL 33483						
City, State and Zip Code						
dgoldburg@yahoo.com						
E-mail address: (to be used for future annual report n	otification)					
For further information concerning this matter, p	lease call:					
Daniel Goldburg at (	561 ) 719-4387					
	Area Code and Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Florida Department of State.						
STREET ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P. O. Box 6327					
2661 Executive Center Circle	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.

	d Friday Market Neutral					
Name	of Limited Partnership or Limited L	iability Lim	ited Partners	ship		
2	)	3. <u>B</u> 0	7 Ooo Torida docur	2000 4 8 nent number		
4. The name of the regist Department of State:	ered agent and the registered office	address as s	hown on the	records of the Flori	da	
	CORPORATION SERVICE Name	CE COMP	PANY	-		
	1201 HAYS STF	PEET				_
	Address					.¥.,
	TALLAHASSEE FL 32301-2525				<u></u>	SC
	City, State and Zip				<b>5</b> .	NET/
5. The name and Florida	street address of the new registered	agent and/o	r office:		22	RY OR
Daniel Goldburg				بي. دي	90	
_	Name			,	ж №.	AA
	832 Eastview A	۱ve.			ယ	<b>X</b> C.
	Florida street address (P.O. Box	x not accept	able)	1		f fi
	Delray Beach	FL	33483			
_	City, State and Z	Zip				
6. Such change(s) is/are of Signature of General Parts	effective when filed by the Florida I Please May Hurd Friday ( ner	•	of State.			
comply with the provision	ntment as registered agent and agre is of all statutes relative to the prope accept the obligations of my position	er and comp	lete perform			

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50