

FILED
Apr 01, 2008 08:00 AM
Secretary of State

[illegible]

CR2E003 (12/06)

Applied For
Not Applicable

☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

0000008767 ^{DATE}
04/11/03-80086-002 500.00

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE:

Karen E. Leone, Authorized Representative

3-19-08

773-477-2292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: _____

Daytime Phone # _____