

LO3000027654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

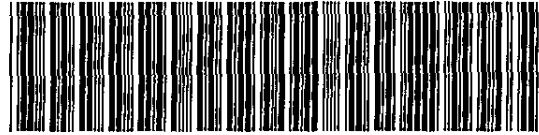
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/15 RFA ch

189, 707, 671 LO3-27654

Office Use Only



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05/31/05--01048--004 **25.00

25.00

M. HODGES

05/31/05 11:00 AM

FAMILY WEALTH COUNSEL®

7030 South Yale, Suite 300 Tulsa, Oklahoma 74136 Tel. 918.493.2584 Fax. 918.493.1667 www.familywealthcounsel.com

May 26, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Statement of Change of Registered Agent's Address for
Carballo Management L.L.C.

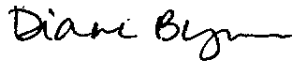
Dear Madam or Sir:

Enclosed please find an original Statement of Change of Registered Agent and/or Registered Office. Please file this document and return a "filed" copy to the undersigned at your earliest convenience. A prepaid self-addressed envelope is closed. Also enclosed is a check in the amount of \$35.00 for your fee.

Should you have any questions, please contact me.

Very truly yours,

FAMILY WEALTH COUNSEL PLC



Diane Byrom
Legal Assistant

/db
Enclosures



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 8, 2005

FAMILY WEALTH COUNSEL
7030 S YALE AVE STE 300
TULSA, OK 74136

SUBJECT: CARBALLO MANAGEMENT L.L.C.
Ref. Number: L03000027654

We have received your document for CARBALLO MANAGEMENT L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 305A00040170

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Carballo Management L.L.C.

1. The name of the limited liability company is: _____

2. The mailing address of the limited liability company is : 384 Eagle Drive, Jupiter, FL 33477

July 23, 2003

L03000027654

3. Date of filing/registration in Florida

4. Document number

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

Bernard A. Carballo

384 Eagle Drive
Name

Jupiter, Florida 33477
Address

City, State and Zip

6. The name and address of the new registered agent and/or office:

Bernard A. Carballo

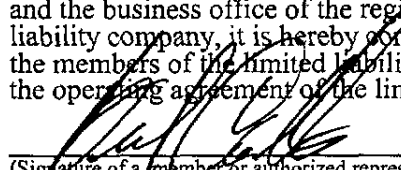
129 Commodore Drive
Name

Florida street address (P.O. Box NOT acceptable)

Jupiter, FL 33477

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Bernard A. Carballo

(Printed or typed name of signer)

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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314