
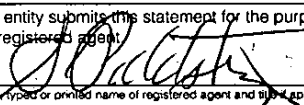
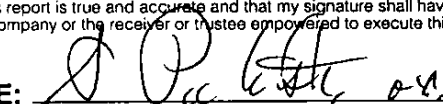


**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

20050519

<b>DOCUMENT # L04000023208</b>				04-20-2006 90022 008 ****50.00	
1. Entity Name <b>PALETSKY OFFICE BUILDING, L.L.C.</b>					
Principal Place of Business <b>12486 RIVERSIDE DR FT MYERS, FL 33919</b>		Mailing Address <b>12486 RIVERSIDE DR FT MYERS, FL 33919</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR SUITE 350 FT MYERS, FL 33907</b>		Name <b>STEVEN H VALETSKY</b>			
		Street Address (P.O. Box Number is Not Acceptable) <b>12486 RIVERSIDE DR</b>			
		<b>FORT MYERS FLORIDA 33919</b>			
		City	Zip Code		
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.		DATE <b>1/15/06</b>			
SIGNATURE 		(NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR PALETSKY, STEVEN H 12486 RIVERSIDE DR FT MYERS, FL 33919</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		SIGNATURE  DATE <b>1/15/06</b> DAYTIME PHONE # <b>239-689-6677</b>			