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COVER LETTER

2006 JAN -6 PI Registration Section Division of Corporations
SUBJECT: One Flower Cup, Fall Management LLELLAHASSEE, FLI
(Name of Limited Partnership or Limited Liability Limited Partnership) DOCUMENT NUMBER: LO400085451 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: Steven Nameth (Contact Person) One Elever Cap, tal Management

(Firm/Company)

[Address]

(Address) Palm Coast FL 32/37
(City. State and Zip Code) For further information concerning this matter, please call: Steve Name of Contact Person) at (917) 279-62/6

(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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

INHS04 (01/06)

Tallahassee, FL 32301

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP ILED REGISTERED AGENT, OR BOTH

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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 CRETARY OF STATE change its registered office or registered agent, or both, in the state of Florida. TALLAHASSEE, FLORID
1. One Eleven Capital Management Name of Limited Partnership or Limited Liability Limited Partnership
2. 11 29 2004 3. LO40000 85 8-5 1 Date of filing/registration in Florida 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:
Active Filings LLC Name
10651 NE 11 Court
Migni Shones FL 3313F City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:
Maureen Nameth
166 FS/q-l Estates Parkway Florida street address (P.O. Box not acceptable)
Palm Cogst FL 32/37 City, State and Zip
6. Such change(s) is/are effective when filed by the Florida Department of State. 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.
Maulien Hamile Signature of Registered Agent
Filing Fee: \$35.00

Certified Copy (optional): \$52.50