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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HAR POON FL-14. (Name of Limited)	Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Timothy T. KEPPEN		
HARPOON INVESTMENTS	LLC ZEE 3	
3200 Blenheim Rd	SELECTION SELECT	
Phoenix, MD 2/13/	RIDA 2	
(City/State and Zip Code)	· · · · · · · · · · · · ·	
For further information concerning this matter, ple	· · · · · · · · · · · · · · · · · · ·	
Tim KEFFEN at (410 340-3685	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following ame	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

1. The name of the limited liability company is: HALPOON FL-142, LLC
2. The mailing address of the limited liability company is: 2725 N. POINCIANNA BL.
UNIT 142 KISSIMMEE, FL, US, 43746
MARCH 9TH, 2005 L050000 23915
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 the Florida Department of State: Company Name Na
6. The name and address of the new registered agent and/or office: Service Company Scott Whiden
Name 1201-Hays Street A 336 Peppen Free Count Florida street address (P.O. Box NOT acceptable)
City, State and Zip Kissimmee, FL 3474
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 of atthorized representative of a member)
<u>:</u>
Timothy T. KEAM (Printed or typed name of signee)
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)