## L05000094860

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: BROWARD INVESTMENT P.  (Name of Limited )	ARTNERS, LLC Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
JOYCE K. FERGIS (Name of Person)	<b>■</b> *** *** ***	
BROWARD INVESTMENT PARTNER (Firm/Company)	RS, LLC	٠.
1995 E. Oakland Park Blvd. Suite 200		SECRE DIVISION
Ft. Lauderdale, FL 33306 (City/State and Zip Code)	<u> </u>	
For further information concerning this matter, please	se call:	Money 3
Joyce K. Fergis at (98) (Name of Person)	(Area Code & Daytime Telephone Nu	umber)
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 amou	ınt:	
<b> √</b> \$2.5 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

## 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 of	ompany is: Broward Investment Partners, LLC	
		200
2. The maining address of the fittiled	liability company is: 1995 E. Oakland Park Blvd. Suite	200
Ft. Lauderdale, FL 33306		
09/27/2005	L05000094860	
3. Date of filing/registration in Florid	4. Document number	
5. The name of the registered agent an Florida Department of State:	nd the registered office address as shown on the records of the	e
Corporat	tion Service Company	
	Name	
<u>1201 Hay</u>		
	Address	
Tallahass	see, FL 32301	
	City, State and Zip	
6. The name and address of the new re	egistered agent and/or office:	SEC
Dean J. T	Γrantalis ₹	CR
	Name	3 <del>2</del> 2
2255 Wilto	The state of the s	
Florida str	reet address (P.O. Box NOT acceptable)	∺∠ _∺∠
Wilton Ma	anors, FL 33305	<u> </u>
<del></del>	City, State and Zip	ž
confirmed that after the change or cha		1
Wayne Blackburn		
(Printed or typed name of signee)		
I hereby accept the appointment as re comply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this documen address, ligheroby confirm that the lim	egistered agent and agree to act in this capacity. I further agues relative to the proper and complete performance of my describing a provided for the provided for the being filed to merely reflect a change in the registered of the liability company has been notified in writing of this cha	ree to uties, or in ffice inge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)