L06000098396

(Requestor's Name)				
(Address)				
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((City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of S	Status		
				
Special Instructions to Filing Officer:				
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Office Use Only



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EXAMINER





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2008

MARC A. SLOGAN 787 NE 5TH ST. CRYSTAL RIVER, FL 34429

SUBJECT: HOEHN - SOLGAN INVESTMENT PARTNERS L.L.C.

Ref. Number: L06000098396

We have received your document for HOEHN - SOLGAN INVESTMENT PARTNERS 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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 108A00002468

COVER LETTER

TO: Registration Section Division of Corporations	•			
SUBJECT: Hoehn-Solgan Inventor (Name of Limited	estment Partners d Liability Company)	s, LLC		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and fee(s) are submit	tted for filing.		
Please return all correspondence concerning this m	natter to the following:		`	
Marc A. Solgan (Name of Person)		200 SE TALL		
American Trading Post Pawn (Firm/Company)		8 FEB I U CRETARY C AHASSEE		
787 NE 5th Street (Address)		B I U P I: 05 TARY OF STATE ASSEE, FLORIDA	Ö	
Crystal River FL 34.429 (City/State and Zip Code)	9			
For further information concerning this matter, ple	ase call:			
Marc Solgan at (at (at (at (at (386 <u>341 - 339</u> (Area Code & Daytin	3 ne Telephone N	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 amount:				
\$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 previsions 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	company is: Hoehn-Sol	gan Investment	Partnas, uc
2. The mailing address of the limited	· · · · · · · · · · · · · · · · · · ·		
Ormand Beach, Floris			
9-22-06 3. Date of filing/registration in Flori	Lo	60000 98396 ument number	
12 B	A. Solgan Name lack Water Uhy Address Address City, State and Zip	2008 FEB 14 SECRETAR TALLAHASS	
6. The name and address of the new		ATEA	75
Florida s	A. Solgan Name NE 5th Street Treet address (P.O. Box NOT account of the Street of the	•	
If the limited liability company is no confirmed that after the change or chand the business office of the registe liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limited liability or the operating agreement of the limited liability of the operation of the limited liabi	anges are made, the Florida street agent will be identical. Or, in med that the change(s) was/were ty company or as otherwise provinted liability company.	et address of the registered n the case of a Florida lime authorized by an affirma	d office nited tive vote
Brickette L Solgan (Printed or typed name of signee)			
I hereby accept the appointment as a comply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirmation the line	registered agent and agree to ac utes relative to the proper and c e obligations of my position as r int is being filed to merely reflec nited liability company has been	t in this capacity. I furthe omplete performance of n egistered agent as provide t a change in the registere notified in writing of this	er agree to ny duties, ed for in ed office change.
(Signature of Registered Agent)			

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