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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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AL 7001 OCT -1 P 3:3 SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: SŁKIAI (Name of Limit	vestment Partners red Liability Company)	5, L2C	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Office	e Change and fee(s) are submitt	ted for filing.	
Please	return all correspondence concerning this	matter to the following:		
	Theodora H. Suran Jo (Name of Person)			
	(Firm/Company)		7ALI	
	50012 York Pa	***************************************	OCT -1	
<u> 1</u>	bingten Pa 1900 (City/State and Zip Code)	<i>. .</i>	P 3 35 P STATE C. FLORIDA	}
For fu	rther information concerning this matter, p	lease call:		
Th	ecohome H. Sirzan 5 at (Name of Person)	(215) \$84 6 (Area Code & Daytim	<u>フみろ</u> ne 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 an	nount:		
	\$25 Filing Fee	\$55 Filing Fee & Certifi	ied 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.

agent, or both, in the blace by Florida.				
1. The name of the limited liability company is: 5 £K Investment Partners LL				
2. The mailing address of the limited liability company is: 4011. 42. Kensington.				
Avenue, Tampa FT 33626				
March 14 7007 LO700027956 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 of the Florida Department of State:				
W. Bradley Munne, Esquire				
2395 Virginia Street Address				
City, State and Zip				
6. The name and address of the new registered agent and/or office: Theodore H. Servari III Name				
Theodore II Savan III SER - M				
Name Tag T U				
Name Holl W. Kensington Are Florida street address (P.O. Box NOT acceptable)				
City, State and Zip				
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 or authorized representative of a member)				
-11 11 C F				
(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)				

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