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

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: L & R Paitners, LLC (Name of co	rporation)		
DOCUMENT NUMBER: <u>L98 0000 1724</u> The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:			
		Trease return an correspondence conserring and matter to a	e tollowing,
		Rebeca E. Yake	
Rebeca F. Yake (Name of p	person)		
	•		
Rebeca F. Yaker P.A. (Name of firm/company)			
(trame of filling	company)		
444 BRICKELL AVENUE suite 7-14 (Address)			
(Addre	ss)		
miami fl 33/3((City/state and zip code)			
For further information concerning this matter, please call:	and comply		
To remore information concorning and manage production			
Que heca f. Yakel	at (305) 373 3202		
Repeca F. Yake/ (Name of person)	(Area code & daytime telephone number)		
Enclosed is a \$35.00 check made payable to the Department	of State.		
Mailing Address	Street Address:		
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	409 E. Gaines Street Tallahassee, FL 32399		



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 19, 2003

REBECCA F. YAKER REBECCA F. YAKER, P.A. 444 BRICKELL AVENUE, SUITE 714 MIAMI, FL 33131

SUBJECT: L & R PARTNERS LLC Ref. Number: L98000001724

We have received your document for L & R PARTNERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

You must complete the attached form to change the registered agent information for this Limited Liability Company. The form submitted is for a Corporation.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 303A00062861

O3 DEC -2 AM II: 16

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: L&R Pastnes, LLC. 2. The mailing address of the limited liability company is: 444 BRICKELL AVENUE SVIETY

migni, FL 33/3

09/1998

1.9800000/724

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 red agent and the registered office.

State:

Luis Agramunt

Name

1221 BRICKELL AVENUE Suite 1100

Address

MIAM' FL 33/3/

City, State and Zip Florida Department of State: 6. The name and address of the new registered agent and/or office: Pebe CG F. Yaker

Name

444 BRICKELL AVENUE, SUIK

Florida street address (P.O. Box NOT acceptable) miami FL 33131

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)

CEBECA F. VAVA

(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

INHS18(10/99)