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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ritz Capital Managemone (Name of	nent LLC f 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	ng this matter to the following:
Robert Ritzenthaler (Name of Person)	
Ritz Capital Management LLC  (Firm/Company)	2005 DEC -5 PM 3: 36 2005 DEC -5 PM 3: 36
1101 Napolean Way	PM 3: 36
(Address)  Wesley Chapel, FL 33543  (City/State and Zip Code)	—————————————————————————————————————
For further information concerning this mat	atter, please call:
Robert Ritzenthaler	at (813) 739-5403 x105
(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 followi	ing amount:
<b>✓</b> \$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:	Ritz Capital Management LLC
2. The mailing address of the limited liability con	npany is : 1101 Napolean Way, Wesley Chapel, FL 33543
09/17/2004	M0400003852
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on the records of the
Robert Ritzenthal	er
	Name
	ghts Circle, Suite 304
_	Address
Tampa, FL 33624  City, State and Zip	
City, S	state and Zip
6. The name and address of the new registered ago	State and Zip ent and/or office:  PEC -5 PH lame
Robert Ritzenthale	
N	ame P
1101 Napolean Wa	y
Florida street address	State and Zip ent and/or office:  Property  (P.O. Box NOT acceptable)
Wesley Chapel	FL 33543
City, St	ate and Zip
and the business office of the registered agent wil liability company, it is hereby confirmed that the	ide, the Florida street address of the registered office 1 be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company.

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)