

1299000069896

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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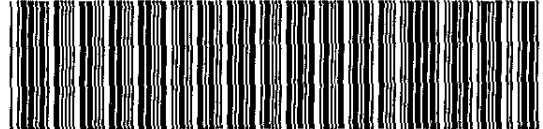
(Business Entity Name)

(Document Number)

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SANCHEZ-MEDINA & ASSOCIATES, P.A.

LAW OFFICE

THE COLONNADE, SUITE 302

2333 PONCE DE LEON BLVD., CORAL GABLES, FLORIDA 33134

TEL: 305.448.4344 • FAX: 305.448.7887 • RSANCHEZ-MEDINA@RSM-LAW.COM

November 6, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Filings

Sir/Madame:

Attached please find a:

- (i) Statement of Change of Registered Agent for LBTP Investments, LLC (\$25 Fee);
- (ii) Resignation as officer and manager of LBTP Investments, LLC (\$35 Fee); and
- (iii) Statement of Change of Registered Agent for Artemundi & Co., Inc. (\$35 Fee).

Also attached is a check in the amount of \$95 representing the fees for these filings. Please contact me with any comments and/or questions.

Very truly yours,



Roland Sanchez-Medina, Jr.

RSM:sjs
Encls.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Artemendi & Co., Inc.

(Name of corporation)

DOCUMENT NUMBER: P99000069896

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:

Roland Sanchez-Medina Jr.

(Name of person)

Sanchez-Medina & Associates, P.A.

(Name of firm/company)

2333 Ponce de Leon Blvd., Suite 302

(Address)

Coral Gables, Florida 33134

(City/state and zip code)

For further information concerning this matter, please call:

Roland Sanchez-Medina Jr.

(Name of person)

at (305) 448-4344

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Artemundi & Co., Inc.
2. The principal office address: P.O. Box 398655, Miami Beach, Florida 33239
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/06/99 Document number: P99000069896
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

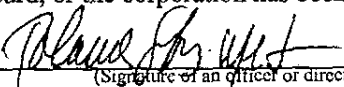
Alexander I. Tachmes I, Esq.
2 South Biscayne Blvd., Suite 2475
Miami, Florida 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Roland Sanchez-Medina Jr.
2333 Ponce de Leon Blvd., Suite 302
(P.O. Box or personal mailbox NOT acceptable)
Coral Gables, Florida 33131

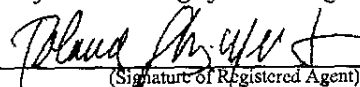
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Roland Sanchez-Medina Jr., Asst. Secretary
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

November 4, 2003
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
03 NOV 10 AM 11:37
TALLAHASSEE, FLORIDA
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