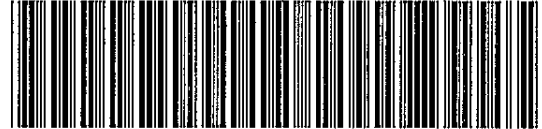


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2005 AUG 26 P 2:46

STATE OF FLORIDA



400058663024

Noronha-Advogados, Limited  
(Requestor's Name)

1221 Brickell Ave., Suite 1040  
(Address)

Miami, FL 33131  
(Address)

305-372-0844  
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE, OR REGISTERED AGENT, OR BOTH**

2005 AUG 26 P 2:

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned, limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. NORONHA ADVOGADOS, LTD.  
Name of the limited partnership

2. 05/27/1992  
Date of filing/registration in Florida

3. A32995  
Document number assigned

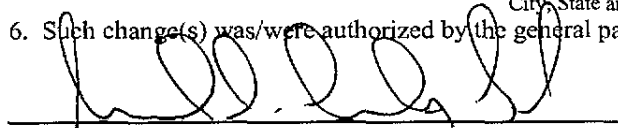
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CAMARGO, BRUNO  
Name  
1221 BRICKWELL AV., 9<sup>th</sup> FLOOR  
Address  
MIAMI, FL, 33131  
City, State and Zip

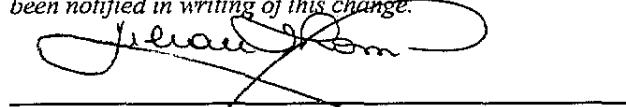
5. The name and address of the new registered agent and/or office:

THOMÉ, LILIAN  
Name  
1221 BRICKWELL AV. 9<sup>th</sup> FLOOR  
Florida street address (P.O. Box not acceptable)  
MIAMI, FL, 33131  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

  
Signature of General Partner

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

  
Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**