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SECRETARY OF STATE
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: BGC III Enterprises of Naples, Ltd. (Name of Limited Partnership or Limited Liability Limited Partnership) DOCUMENT NUMBER: A00000002079 The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Joyce Thornton, CPA (Contact Person) Barron Collier Companies (Firm/Company) 2600 Golden Gate Parkway (Address) Naples, FL 34105 (City, State and Zip Code) For further information concerning this matter, please call: Joyce Thornton, CPA (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Florida Department of State. **MAILING ADDRESS:** STREET ADDRESS: Registration Section **Registration Section**

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS04 (01/06)

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

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

change its registered	d office or registered agent, or b	oth, in the state of Florida.	
1 BGC III Ent	erprises of Naples, Lt	d.	
Na Na	me of Limited Partnership or Limit	ed Liability Limited Partnershi	p
_{2.} Mar 24, 200)8	3. A0000002079 Florida document number	
Date of filing	z/registration in Florida	Florida document number	
4. The name of the re Department of State:	egistered agent and the registered of	fice address as shown on the re	ecords of the Florida
	Paul J. Marinelli		
	Name		
	2600 Golden Gate P	arkway	
	Addres	s	
	Naples, FL 34105		_
	City, State a	nd Zip	TATE ZIE
5. The name and Flor	rida street address of the new regist	ered agent and/or office:	CAE O
	Bradley A. Boaz		1000 AUG - 6 AM 10: 07 SECRETARY OF STATE ALLAHASSEE, FLORIDA
	Name		3-8 AP
	2600 Golden Gate P	arkway	AM I
	Florida street address (P.O	. Box not acceptable)	REAL OF C
	Naples	_{FL} 34105	ئن 1
	City, State a		
6. Such change(s) is/	are effective when filed by the Flor	ida Department of State.	
B	a. M:		
Signature of General	Partner		
I hereby accept the ap	oppointment as registered agent and isions of all statutes relative to the plan and the policy of my policy of the college of the obligations of my policy of the college o	proper and complete performan	further agree to uce of my duties,
Signature of Register	ed Agent		
Filing Fee:	\$35.00		

Certified Copy (optional): \$52.50