A03000001636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fort Dallas Golf Club, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A03000001636

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:

Catherine H. Lorié
Contact Person

Firm/Company

133 Sevilla Avenue
Address

Coral Gables, FL 33134
City, State and Zip Code

lorie@apachecap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine H. Lorié at (305) 285-5588
Name of Contact Person Area Code and Daytime Telephone Number

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

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

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

INHS04 (01/06)

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.

1. Fort Dallas Golf Club, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. November 20, 2003
Date of filing/registration in Florida

3. A03000001636
Florida document number

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

Stephan J. Medina
Name

133 Sevilla Avenue
Address

Coral Gables, Florida 33134
City, State and Zip

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

Catherine H. Lorié
Name

133 Sevilla Avenue
Florida street address (P.O. Box not acceptable)

Coral Gables FL 33134
City, State and Zip

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6. Such change(s) is/are effective when filed by the Florida Department of State.

Catherine H Lorié
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 an accept the obligations of my position as registered agent.

Catherine H Lorié
Signature of Registered Agent

Filing Fee: **$35.00**
Certified Copy (optional): **$52.50**