

A05000000755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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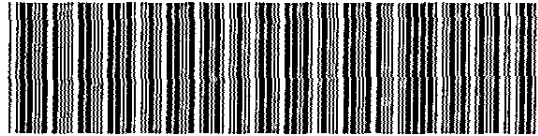
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** Allegiance Tuscany, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A05000000755

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:

Angella W. Gregory

(Contact Person)

Allegiance Development

(Firm/Company)

14881 Quorum Drive, Suite 950

(Address)

Dallas, Texas 75254

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Barbara Kurilecz

at ( 214 ) 389-8047

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a ~~35.00~~ <sup>87.50</sup> 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)

35.00 filing fee  
52.50 Certified copy  
\$ 87.50

**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. Allegiance Tuscany, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 4-15-05

Date of filing/registration in Florida

3. A05000000755

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:

Douglas R. Maxwell

Name

4309 Pablo Oaks Court, Suite Five

Address

Jacksonville, Florida 32224

City, State and Zip

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

Charles D. Ames

Name

1950 Cape Sound Drive

Florida street address (P.O. Box not acceptable)

Fernandina Beach FL 32034

City, State and Zip

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

Allegiance Tuscany Management, LLC,

Charles D. Ames, Manager

*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.*

Charles D. Ames  
Signature of Registered Agent

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

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TALLAHASSEE, FLORIDA

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