

A09839

HOLLAND & KNIGHT

Requestor's Name

315 SOUTH CALHOUN STREET

Address

Tallahassee, Florida 32301

City/State/Zip

Phone #

224-7000

Office Use Only

RECEIVED
99 JAN 26 AM 11:25
DIVISION OF CORPORATION

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

Walk-in

Pick up time 2:00

Certified Copy

Mail Out

Will wait

Photocopy

Certificate of Status

FILED OF STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
99 JAN 26 PM 2:55

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

BK 1/26/99

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-01/26/99--01063--016
*****35.00 *****35.00

Examiner's Initials

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

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.

1. Skycenter Hotel Company, Ltd.
Name of the limited partnership

2. 1/21/81 Date of filing/registration in Florida
3. A09839 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:

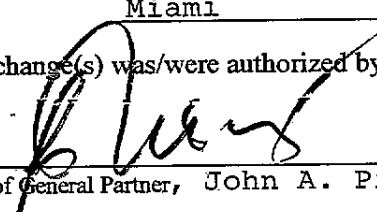
Kirschner, Main, Et Al
Name
One Independent Drive, Suite 2000
Address
Jacksonville, FL 32202
City, State and Zip

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

Intrastate Registered Agent Corporation
Name
701 Brickell Avenue, Suite 3000
Florida street address (P.O. Box not acceptable)
Miami FL 33131-3209
City, State and Zip

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


Signature of General Partner, John A. Pirovano

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.

INTRASTATE REGISTERED AGENT CORPORATION

By: Donald W Wallis
Signature of Registered Agent, Donald W. Wallis, Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00