

A32854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

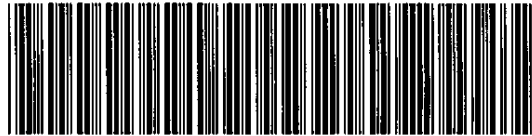
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Hideaway Marina Limited Partnership

DOCUMENT NUMBER: A32854

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 the following:

Kristy E. Armada, Esq.
Olive & Associates, P.A.
2400 East Las Olas Boulevard, Suite A
Fort Lauderdale, Florida 33301

For further information concerning this matter, please call:

Benjamin E. Olive, Esq. at (954)334-2250.

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

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

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY 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 partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

THE HIDEAWAY MARINA LIMITED PARTNERSHIP

Filed: April 17, 1992

Document Number: A32854

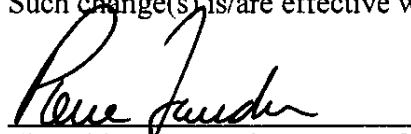
The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Ronald F. Mastriana, Esq.
1500 North Federal Highway, Suite 200
Fort Lauderdale, Florida 33304

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

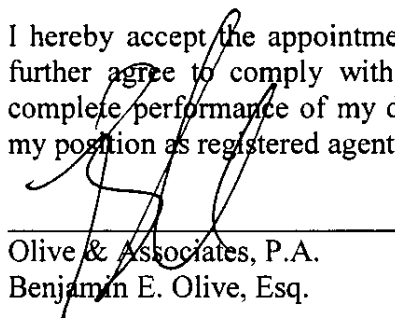
Olive & Associates, P.A.
2400 East Las Olas Boulevard, Suite A
Fort Lauderdale, Florida 33301

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



The Hideaway Marina, Inc. as General Partner
Pierre Gaudreau, President of The Hideaway Marina, Inc.

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.


Olive & Associates, P.A.
Benjamin E. Olive, Esq.

Filing Fee: \$35.00

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