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(Requestor's Name) SECRETARY	
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(Business Entity Name)	07/23/0401039004 **70.00
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JECKETARY OF STATE
TALLAHASSEE, FI DENTA
Offices:

Telephone (850) 650-3304 Fax (850) 650-3305 E-Mail scoyell@cphlaw.com

Scott M. Covell

Destin, Florida Pensacola, Florida

July 20, 2004

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

RE: SH General Partner, Inc. and Sandestin Beach Hotel, Ltd.

To Whom It May Concern:

Enclosed please find original Change of Registered Agent forms for SH General Partner, Inc. and Sandestin Beach Hotel, Ltd. and a check #077437 made payable to the Florida Department of State in the amount of \$70.00 to cover the filing fees for both entities.

Please send confirmation of the two (2) filings to our office via regular mail in the self-addressed, stamped envelope provided herein.

Please give me a call if you have any questions.

Sincerely,

W. Christopher Hart

WCH/tw

Enclosures (as stated)

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.

Sandestin Beach	Hotel, Ltd.		
A -	Name o	of the limited partnership	
2. 06/19/1996 Date of filing/regist	ration in Florida	3. A9600001169 Document number assigned	
	stered agent and the reg	istered office address as shown on the re	
	4000 Sandestin Blv		
	Destin, FL 32550	Address	7001 7001
		City, State and Zip	
5. The name and addres	_	agent and/or office:	2 C
<u> </u>	/. Christopher Hart		in the interpretation
34	4990 Emerald Coas	Name st Parkway, Suite 301	
_	Florida street addre	ess (P.O. Box not acceptable)	
D€	estin,	_{FL} 32541	_
6. Such change(s) was/v SH_GENERAL_PART	were authorized by the g	City, State and Zip general partners.	
By: Signature of General Partner	Robert Kamm, Vic	ce President	
I hereby accept the appo- with the provisions of a	intment as registered ag ill statutes relative to the the obligations of my po ge in the registered offi of this change.	gent and agree to act in this capacity. I fur the proper and complete performance of osition as registered agent. Or, if this do ice address, I hereby confirm that the lin	mv duties, and I am

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00