

A960000001274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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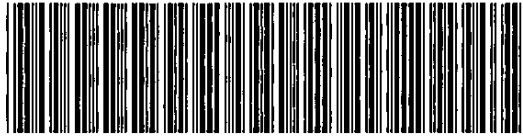
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** Driscoll Family Limited Partnership  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A96000001274

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:

Thomas V. Driscoll  
(Contact Person)  
Driscoll Limited Family Partnership  
(Firm/Company)  
6170 Mullin Street  
(Address)  
Jupiter, Florida 33458  
(City, State and Zip Code)

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For further information concerning this matter, please call:

Timothy K. Anderson, Esq. at ( 561 ) 744-8255  
(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. Driscoll Family Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/02/1996

Date of filing/registration in Florida

3. A96000001274

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:

Thomas V. Driscoll

Name

6170 Mullin Street

Address

Jupiter Florida 33458

City, State and Zip

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

Timothy K. Anderson, Esq.

Name

Law Offices of Timothy K. Anderson

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

480 Maplewood Drive, Suite 5, Jupiter FL 33458

City, State and Zip

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

  
Signature of General Partner

DRISCOLL CONSTRUCTION, INC. ITS SOLE 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 and accept the obligations of my position as registered agent.

  
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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