A96000002411

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
4.08 A 0 0058892				





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11/26/08--01027--009 **35.00



S. HAWKES
DEC 0 2 2008
EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations **SUBJECT:** Palmetto Dunes, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: <u>A9</u>6000002411

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:

Jill M. Lager

(Contact Person)

Banyan Realty Advisors

(Firm/Company)

1665 Palm Beach Lakes Blvd., Suite 400

(Address)

West Palm Beach, FL 33401

(City, State and Zip Code)

For further information concerning this matter, please call:

Jill M. Lager

at (561

478-9800 x10*1*

(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

INHS04 (01/06)

MAILING ADDRESS:

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

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. Palmetto Di	ines, Lta.			
Na	me of Limited Partnersl	nip or Limited Liability Lim	ted Partnership	
_{2.} 12/23/1996		3. A960	_{3.} A96000002411	
Date of filing/registration in Florida		F	Florida document number	
4. The name of the re Department of State:	gistered agent and the r	egistered office address as sl	nown on the records of the Florida	
	Louis E. Vogt			
		Name	med 1	
	495 N. Keller	Road, Suite 301		
		Address		
	Maitland, FL	32751		
	(City, State and Zip	2003 1918	
5. The name and Flor	ida street address of the	e new registered agent and/or	· office: 如意	
	Louis E. Vogt	•	AND METERS OF THE SECOND SECON	
		Name		
	501 N. Magno	olia Avenue	K	
	Florida street a	ddress (P.O. Box not accepta	ible)	
	Orlando	_{FL} 3	2801	
	$\overline{}$	City, State and Zip		
6. Such change(s) is/a	are effective when filed	by the Florida Department of	of State.	
	m 5/12			
Signature of General I	Partner	/		
comply with the provi-	sions of all statutes related the objection of accept the objection		nis capacity. I further agree to lete performance of my duties, red agent.	
Filing Fee:	\$35.00			
Certified Copy (o	optional): \$52.50			