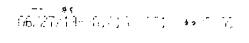
A9900000 2105

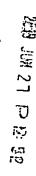
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600331081396





ACHARITA AL GERA GALAGO

COVER LETTER

TO:	Registration Section								
	Division of Corporations								
SUBJ	Name of Limited Part	hnston P	artn <u>ers</u>	s, LTD					
	Name of Limited Part	nership or Lim	ited Liabi	lity Limit	ed Partnership				
DOC	UMENT NUMBER:		A9900002105						
	enclosed Statement of Change of are submitted for filing.	Registered (Office ar	nd/or Re	gistered Agent and				
Pleas	e return all correspondence conc	erning this n	natter to	:					
	McRae B Johnst	on							
	Contact Person			_					
	Firm/Company								
	1302 Calder R	d		_					
	Address								
	Key Largo, FL 33	037							
	City, State and Zip Co	ode							
	mbj@jplu.c								
E	E-mail address: (to be used for future ar	unual report no	lification)		_				
For fi	urther information concerning th	is matter, ple	ase call						
	McRae Johnston	at (305)	775-0603				
	Name of Contact Person	A	rea Code	and Dayti	me Telephone Number				
Enclo	osed is a \$35.00 check made pay-	able to the F	lorida D	epartme	nt of State.				
STRI	EET ADDRESS:		MAII	LING A	DDRESS:				
Registration Section			Registration Section						
	ion of Corporations								
Clifton Building P. O. Box									
	Executive Center Circle		Tallal	nassee, I	FL 32314				
i alla	hassee, FL 32301								

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.	Johnston Partners, LTD.									
Na	ime of Limited Partnership or Limit	ed Liability Lir	nited Partner	rship						
2. 1	12/16/1999			A9900002105 Florida document number						
	Date of filing/registration in Florida 3. A99 Florida d									
4. The name of the ro Department of State:	egistered agent and the registered of	fice address as	shown on th	e record:	s of the	Florida				
	Atrium Registered	d Agents, In	ıc							
	Name									
	1500 San Remo Ave	enue, Suite	125							
	Addres	s		_						
	Coral Gables,	FL 33146								
	City, State as	nd Zip		_						
5. The name and Flor	rida street address of the new registe	ered agent and/	or office:							
	McRae B Jo	hnston		_						
	Name			•						
		200								
	Florida street address (P.O.	Box not accep	table)	- *.	الن ان دي.	***: 1. *				
	Key Largo	FL	33037	č. Č	JUN 27	i din				
	City, State as				ũ	٠.				
6. Such change(s) is/	are effective when filed by the Flori	ida Department	of State.		Ū čįs	\$ - 1 The set				
		•			631 (23					
Signature of General	Partner									
comply with the provi	opointment as registered agent and isions of all statutes relative to the phan accept the obligations of my po	proper and com	plete perfort							
Signature of Register	ed Agent									
Filing Fee:	\$35.00									

Certified Copy (optional): \$52.50