

B04000000542

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

* Please
Date 11/18/08

REGISTERED AGENT CHANGE

W/K SAWGRASS, LLLP

Certificate of Status	0
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Page Count	02 (3)
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EXAMINER



November 19, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: W/K SAWGRASS, LLP
REF: B04000000542FILED
SECRETARY OF CORPORATIONS
08 NOV 18 AM 7:50

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

FAX And. #: H08000258462
Letter Number: 408A00057708

RECEIVED
2008 NOV 20 AM 11:00
OFFICE OF THE SECRETARY OF CORPORATIONSⓧ Please Date
11/18/08

**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. W/K SAWGRASS, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/09/2004

Date of filing/registration in Florida

3. B04000000542

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:

Pamela Moeldowney

Name

4350 Oakes Road

Address

Davie, FL 33314

City, State and Zip

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

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL 33324

City, State and Zip

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

Tina Dendrinis
Signature of General Partner

Tina Dendrinis, Authorized Person
For: Tao Sawgrass GP, LLC, its 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]
Signature of Registered Agent

[Signature]
Corporate Ops. Manager

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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