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\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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05 SEP 26 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

1. Allegiance Tuscany Limited Partnership  
Name of the limited partnership

2. 04/15/05 3. A05000000755  
Date of filing/registration in Florida Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Douglas R. Maxwell  
Name  
4309 Pablo Oaks Court, Suite Five  
Address  
Jacksonville, FL 32224  
City, State and Zip

5. The name and address of the new registered agent and/or office:  
Douglas R. Maxwell  
Name  
10739 Deerwood Park Boulevard, Suite 200A  
Florida street address (P.O. Box ~~not~~ acceptable)  
Jacksonville FL 32256  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Allegiance Tuscany Management, LLC

By:   
Signature of General Partner Charles D. Ames

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

f   
Signature of Registered Agent

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**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
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