## AZF966

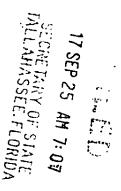
(Red	questor's Name)					
(Add	dress)					
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(City	y/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Bus	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to I	Filing Officer:					

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## **COVER LETTER**

TO:	Registration Section						
	Division of Corporations						
SUBJ	JECT: An	nerican Equ	uities L	td. No	. 4		
	Name of Limited Pa	artnership or Limi	ited Liabil	ity Limite	ed Partnership		
DOCUMENT NUMBER:			A28966				
	nclosed Statement of Change care submitted for filing.	of Registered (	Office an	d/or Re	gistered Agent and		
Please	e return all correspondence cor	ncerning this m	atter to:				
	Lidia Cartay			_			
	Contact Person						
	S&K Worldwide Re	alty LLC					
	Firm/Company						
	150 Alhambra Circle,	Suite 725					
	Address						
	Coral Gables, Florid	la 33134					
	City, State and Zip (			_			
	lcartaya@skww						
——————————————————————————————————————	E-mail address: (to be used for future		ification)		-		
	urther information concerning t	•					
	Lidia Cartaya	at (	305	)	476-0955		
	Name of Contact Person	Ar	ea Code a	nd Daytii	me Telephone Number		
Enclo	sed is a \$35.00 check made pa	yable to the Fl	orida De	partmei	nt of State.		
STRI	EET ADDRESS:		MAIL	ING A	DDRESS:		
_	stration Section	Registration Section					
	ion of Corporations				orporations		
	on Building			30x 632	•		
	Executive Center Circle		Tallah	assee, F	L 32314		
Tallal	hassee, FL 32301						

1

## 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	American Equ	<u>iities Ltd.</u>	No. 4				
Nan	ne of Limited Partnership or Li	nited Liability	Limited Partnership	)			
2. 09	9/26/1989	3.	A2896	66			
Date of filing/	Date of filing/registration in Florida			Florida document number			
4. The name of the reg Department of State:	istered agent and the registered	office address	as shown on the rec	cords of the Florida			
	S&K Realty	Group, LL0	<b>D</b>				
·	Na	me					
	150 Alhambra (	Circle, Suite	: 800				
	Add	ress					
	Coral Gables,	Florida 331	134				
	City, Stat	e and Zip					
5. The name and Flori	da street address of the new reg	istered agent a	nd/or office:	<b>17</b> SEC תאָרר			
	S&K Worldwid	e Realty, L	LC	<u> </u>			
	Na	me		TAR			
	150 Alhambra C	ircle, Suite	725	A C			
	Florida street address (F	O. Box not ac	ceptable)	AN FEE			
	Coral Gables	F	FL 33134	7: 0# STATE LORID			
•	City, Stat			A DA			
6. Such change(s) is/a	re effective when filed by the F	lorida Departn	ent of State.				
I hereby accept the app comply with the provis and I am familiar with	pointment as registered agent a ions of all statutes relative to the an accept the obligations of my	ne proper and o position as re	complete performanc				
Filing Fee:	\$35.00						

Certified Copy (optional): \$52.50