A00000000129

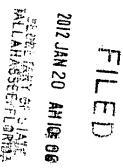
(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
(2.4), 2,
PICK-UP WAIT MAIL
L TONE
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
7. LUNI
JAN 24 2011
2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
EXAMINICO

Office Use Only



200217657122

01/20/12--01056--007 **35.00



COVER LETTER

TO: Registration Section Division of Corporations		
	S STREET LIMITED PARTNERSHIP Partnership or Limited Liability Limited Partnership	
DOCUMENT NUMBER:	A0000000129	
The enclosed Statement of Change fee(s) are submitted for filing.	of Registered Office and/or Registered Agent and	
Please return all correspondence co	ncerning this matter to:	
John Parrish, I	Esq	
Contact Person		
Parrish White & Lawhon, PA		
Firm/Company		
3431 Pine Ridge Road	d Suite 101	012 JAN 20
Address		
Naples, FL 34	<u> 109 </u>	幕
City, State and Zip	Code	1
E-mail address: (to be used for future	annual report notification)	
For further information concerning	this matter, please call:	
John Parrish	at (239) 566-2013	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made pa	ayable to the Florida Department of State.	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

Tallahassee, 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.

Name of Limited Partnership or Limited Liability Limited Partnership 2. 01/14/2000 3. A0000000129 Date of filing/registration in Florida Florida document number 4. The name of the registered agent and the registered office address as shown on the records of the Florida	
Date of filing/registration in Florida 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:	
Janet Aronoff	
Name	
3431 Pine Ridge Road, Suite 101	
Address	
Naples, FL 34103	*
Address Naples, FL 34103 City, State and Zip	trac SP
5. The name and Florida street address of the new registered agent and/or office:	r
John Parrish, Esq.	t
Name	•
3431 Pine Ridge Road, Suite 101	
Florida speet address (P.O. Box not acceptable)	
Naples FL 34109	
City, State and Zip	
6. Such change(s) is/are effective when filed by the Florida Department of State.	
Signature of 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 an accept the obligations of my position as registered agent. Signature of Registered Agent	
Filing Fee: \$35.00 Certified Copy (optional): \$52.50	