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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporati	ions
SUBJECT: Oak Partners, LTD).
Name of L	imited Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER:	
The enclosed Statement of C fee(s) are submitted for filing	hange of Registered Office and/or Registered Agent and g.
Please return all corresponde	ence concerning this matter to:
Judy Butz	
Contac	ct Person
Continental Property Services, Inc	:
Firm/C	Company
444 Seabreeze Blvd. #600	
Αι	ldress
Daytona Beach, Fl 32118	
	and Zip Code
judy@cpsine.org	and Zip Code
	or future annual report notification)
For further information conc	erning this matter, please call:
Judy Butz	at () 238-7400
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check n	nade payable to the Florida Department of State.
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, Fl. 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS04 (01/06)

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.

2. 01/26/2000 Date of tiling			
Date of filing		3. A00000000201	
Date of tiling/registration in Florida		Florida document n	umber
4. The name of the re Department of State:	gistered agent and the registered c	office address as shown on the recor	ds of the Florida
	Russell Bryant, c/o Continent	al Property Services, Inc.	
	Nam	ie .	
	444 Seabreeze Blvd. #6	600	
	Addre	ess	
	Daytona Beach, FL 32	118	
	City, State	and Zip	
5. The name and Flor	rida street address of the new regis	stered agent and/or office:	
	Brian Adamson, c/o Continen	tal Property Services, Inc.	2
	Name		7. 4
	444 Scabreeze Blvd. #600		24 NOV -4
	Florida street address (P.C	D. Box not acceptable)	
	Daytona Beach	_{EL} 32118	-4 PH 5: 09
ć.	City. State	and Zip	S.
6. Such change(s) is	are effective when filed by the Flo	rida Department of State.	09 104
Signature of General	Partner		
comply with the provi		d agree to act in this capacity. I fur proper and complete performance o position as registered agent.	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50