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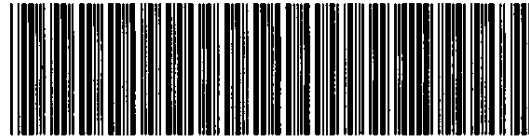
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISAACSON ASSOCIATES PARTNERSHIP #2 LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A00000000779

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BARBARA DILSHEIMER
Contact Person
ISAACSON ASSOCIATES PARTNERSHIP #2 LTD
Firm/Company
2100 S. OCEAN BLVD, APT 304S
Address
PALM BEACH, FL 33480
City, State and Zip Code
B.DILSHEIMER@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA DILSHEIMER at (610) 613-0262
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. ISAACSON ASSOCIATES PARTNERSHIP # 2 LTD
Name of Limited Partnership or Limited Liability Limited Partnership

2. 5/11/2000
Date of filing/registration in Florida

3. A00000000779
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:

AGENTS & CORPORATIONS, INC
Name

300 FIFTH AVE SOUTH, SUITE 101-330
Address

NAPLES, FL 34102
City, State and Zip

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

BARBARA DILSHEIMER
Name

2100 S. OCEAN BLVD, APT 304 S
Florida street address (P.O. Box not acceptable)

PALM BEACH FL 33480
City, State and Zip

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

Barbara Dilsheimer
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.

Barbara Dilsheimer
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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