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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. S & S Golf Associ	iates, LTD.				
		Name of the limited par	tnership		
2. January 4, 2001		3. A01000	0000020		
Date of filing/regist			_		
4. The name of the regi	stered agent and th	he registered office	address as shown on	the records of the F	lorida
Department of State:	Murray, David	l G.			
		Name			
	321 SE 15th A	Avenue			
	-	Address			-
	Ft. Lauderdale	e, FL 33301			
		City, State and Z	ip		
					15 B
5. The name and address	ss of the new regis	stered agent and/or	office:		
M	/lurray, David G	i.			TAR
_		Name	· · · · · · · · · · · · · · · · · · ·		~~<
1	401 E. Broward	d Blvd. #200			mg 3
_	Florida stre	et address (P.O. Box	not acceptable)		202 2181 41 0
Fi	t. Lauderdale	FI. 3	3301		
		City, State and Z	ip		
6. Such change(s) was/	were authorized by	y the general partn	ers.		
		<i>/ </i>			
	0 0				
Signature of Control Partner	Registered A	944 _			
I hereby accept the appo with the provisions of a	ointment as registe	red agent and agre	e to act in this capacit	y. I further agree to	comply
familiar with and acceptimerely to reflect a char	nt statutes retaited t the obligations of	e to the proper an f my position as res	gistered agent. Or, if	nce of my auties, an this document is beir	a 1 am 1g filed
merely to reflect a chan been noti <u>fi</u> ed in writing	ige in the registere	ed office address, l	hereby confirm that	the limited partnersh	hip has
been nouned in writing (oj uno cimage.				
	1000	^ -			
<u> </u>	prosecu	-1 XVI -	-		
Signature of Registered Age	partner 1				
(General	· par more				

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

INHS04(9/98)