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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: FIF XT LTD  Name of Limited Partnership or Limited L	iability Limited Partnership	
DOCUMENT NUMBER: APIPPOPP	Ø 989	
The enclosed Statement of Change of Registered Offic fee(s) are submitted for filing.	e and/or Registered Agent and	
Please return all correspondence concerning this matter	r to:	
George A. Morgan, Jr.		
Contact Person		
Morgan Property Group, LLC		
Firm/Company	<del></del>	
450 E. Las Olas Blvd., Suite 730		
Address	<del></del>	
Fort Lauderdale, FL 33301	4	
City, State and Zip Code	ALL ZOIL	
cfrye@morganpg.com		
E-mail address: (to be used for future annual report notificat	SECRETARIASION)	
For further information concerning this matter, please	m2 - •	
Catherine Fryeat (70	4 ) 909-4507	
Name of Contact Person Area Co	ode and Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Florid	,	
STREET ADDRESS: M	AILING ADDRESS:	
•	Registration Section	
•	Division of Corporations	
	P: O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301	manuovo, i D J22 i	

## L'IMITE'D 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.

I FP16	, XI LTD		
Nam	e of Limited Partnership or Limited	Liability Limited Partnership	)
2. 07/23/3 Date of filing/r	egistration in Florida	3. A l l l l l l l l l l l l l l l l l l	<u>ちゅかゆ989</u> nt number
4. The name of the regineratment of State:	istered agent and the registered office	e address as shown on the rec	cords of the Florida
-	George A. Morg Name	jan, Jr.	
	300 S.E. Second Stre	et. Suite 880	
_	Address		
	Fort Lauderdale, F	FL 33301	
_	City, State and	Zip	
5: The name and Florid	la street address of the new registered	d agent and/or office:	
_	George A. Morg	an, Jr.	in the second
	Name		NOIL SEC
_	450 E. Las Olas Blvd	., Suite 730	AHA TARA
	Florida street address (P.O. Bo	ox not acceptable)	TAR PSS
	Fort Lauderdale	<sub>FL</sub> 33301	
_	City, State and	Zip	
6. Such change(s) is/arc	e effective when filed by the Florida	Department of State.	H: 02
my ( )	12.		'B- 10
Signature of General Pa	Hiner		
comply with the provision	ointment as registered agent and agrons of all statutes relative to the propin accept the obligations of my positi	ver and complete performanc	
Signature of Registered	Agent		
Filing Fee:	\$35.00		

Certified Copy (optional): \$52.50