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COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJ	ECT: Wickham Oaks LTD	
	Name of Limited Part	tnership or Limited Liability Limited Partnership
DOC	UMENT NUMBER: A01000	001100
The e	nclosed Statement of Change of	Registered Office and/or Registered Agent and
fee(s)	are submitted for filing.	
Please	e return all correspondence coné	erning this matter to:
_	January B. Garantan T.T.	
	Sary R. Cunningham II Contact Person	
	Contact 1 cison	D
<i>\</i>	lickham Oaks LTD	
	Firm/Company	2- W
4	 320 Woodland Park Dri	reming this matter to:
	Address	
	_	
<u> </u>	lest Melbourne, Florid	
	City, State and Zip Co	ode
q	ary@cia-developers.co	im
Ē	ary@cia-developers.co -mail address: (to be used for future a	nnual report notification)
For fu	rther information concerning th	is matter please call:
1 01 10	indica information concerning in	is matter, produce our.
Ga	ry R. Cunningham II	at (321 <u>) 723-3400</u>
	Name of Contact Person	Area Code and Daytime Telephone Number
	225.00	
Enclo	sed is a \$35.00 check made pay	able to the Florida Department of State.
CTDE	CET ADDRESS:	MAILING ADDRESS:
	tration Section	Registration Section
_	on of Corporations	Division of Corporations
	n Building	P. O. Box 6327
	Executive Center Circle	Tallahassee, FL 32314
	assee, 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.

Wickham Oaks LTD	
Name of Limited Partners	hip or Limited Liability Limited Partnership
2.8-20-2001	3. A01000001100
Date of filing/registration in Florida	17.
4. The name of the registered agent and the Department of State:	registered office address as shown on the records of the Florid
Gary R. Cun	ningham II Name ibiscus Blvd. Address Florida 32901 City, State and Zip
1795 West H	ibiscus Blvd.
	Address
	Florida 32901 Figure 2015 Figu
5. The name and Florida street address of th	
Gary R. Cun	
	Name nd Park Drive ddress (P.O. Box not acceptable)
West Melbou	rne FL32904_
6. Such change(s) is fare effective when filed	City, State and Zip by the Florida Department of State.
Signature of General Partner	
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiarly with an accept the obligation of Registered Agent	d agent and agree to act in this capacity. I further agree to ative to the proper and complete performance of my duties, ons of my position as registered agent.
Filing Fee: \$35.00 Certified Copy (optional): \$52.50	