

A01313
ST. JOHNS VILLAGE CENTER, L.L.C.

MANAGEMENT OFFICE
810 THORNTON STREET S.E.
MINNEAPOLIS, MINNESOTA 55414

ACCOUNTING OFFICE:
1722 SOUTH CARSON
TULSA, OKLAHOMA 74119
City/State

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. JACKSONVILLE HARBOR ^{Limited} Partnership
(Corporation Name) (Document #) 500004579305--1
-09/10/01--01132--008
*****35.00 *****35.00
2. A01313
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 10 PM 3:24
HL
9/12

Examiner's Initials

**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. Jacksonville Harbor Limited Partnership
Name of the limited partnership

2. 9/25/70
Date of filing/registration in Florida

3. A01313
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Pittman, Earnest A.

Name

3946 St. Johns Avenue

Address

Jacksonville, FL 32205

City, State and Zip

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

Margaret Lash

Name

3946 St. Johns Avenue

Florida street address (P.O. Box not acceptable)

Jacksonville FL 32205

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Stephen E. Hojel
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 and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Margaret Lash
Signature of Registered Agent

**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**

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DIVISION OF CORPORATIONS
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