02-0000053

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phone	∍ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300185469003

10/12/10--01036--029 **105.00

T. CLINE

OCT 13 2010

EXAMINER

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. Lakeside Commons, L	ID.		
Name of Limited Part	nership or Limited Liab	oility Limited Partnershi	p
2.04/08/2002	3	_{3.} A0200000525	
Date of filing/registration in Flo	orida	Florida document number	
4. The name of the registered agent and Department of State:	the registered office add	dress as shown on the re	cords of the Florida
C T Corpo	ration System		
	Name		
1200 South	h Pine Island R	Road	SECRETALLAN
	Address		F § 9
Plantation,	FL 33324		
	City, State and Zip		
5. The name and Florida street address of	of the new registered ag	ent and/or office:	
NRAI Service	es, Inc.		82
	Name		200
2731 Execut	ive Park Drive, Su	ite 4	
Florida str	eet address (P.O. Box n	ot acceptable)	
Weston		FL 33331	
	City, State and Zip		
6. Such change(s) is/are effective when	filed by the Florida Der	partment of State.	
Kilyleen Du	res.		
Signature of General Partner	17		
I hereby accept the appointment as regis comply with the provisions of all statute.	s relative to the proper c	and complete performar	
and I am familiar with an accept the obl NRAI Services, Inc.	igations of my position	as regisierea ageni.	
Signature of Registered Agent	The state of the s		
Filing Fee: \$35	5.00 ()		
Certified Copy (optional): \$52	50		

 \int