## A0200001740

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EXAMINER

## **COVER LETTER**

Division of Corporations	
	SSOCIATES PHASE III, LTD imited Liability Limited Partnership
DOCUMENT NUMBER:	A02000001740
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	l Office and/or Registered Agent and
Please return all correspondence concerning this	matter to:
Peter F. Souza	
Contact Person	
NRAI Corporate Services, LLC	
Firm/Company	—————————————————————————————————————
2731 Executive Park Drive, Suite 4	4
Address	7
	The second secon
Weston, FL 33331	
City, State and Zip Code	
psouza@nrai.com	•
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, p	lease call:
Peter F. Souza at (	877 ) 261-6823 x 1759
	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Florida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

## 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.

	MONT HEIGHTS ASS				
N	ame of Limited Partnership or Lim	ited Liability Lin	mited Partners	hip	
2	12/30/2002	3		001740	_
Date of filir	g/registration in Florida		Florida docum	nent number	
4. The name of the population Department of States	registered agent and the registered of	office address as	shown on the	records of the Florid	ła
	PATTERSON, BOND		V, P.A		
Name					
	3010 3RI	STS			
	Addre	≾s			
JACKSONVILLE BEACH, FL 32250-6033					
	City, State	and Zip		: A)	i die
5. The name and Flo	orida street address of the new regis	tered agent and/	or office:		
	NRAI Servi	ces, Inc.			5
	Nam	e		سے رین نہرین	
	2731 Executive Pa	rk Drive, Sui	te 4	9/0	TUE Water
	Florida street address (P.C			10 Pm	\ 
	Weston	FL	33331	, T. S.	65
	City, State	and Zip			
6. Such change(s) is	/are effective when filed by the Flo	rida Department	of State.		
Signature of General	Partner BECHONT-MICHALES PHAS	E 111 CORP., 1	oy Tony Smit)	h, Assistant Secr	etary
comply with the prov	appointment as registered agent and risions of all statutes relative to the th an accept the obligations of my p	proper and com	plete perform		
Signature of Registe	red Agent Peter F. Sou	za, Assīs	tant Sec	retary-	
Filing Fee:	\$35.00			••	

Certified Copy (optional): \$52.50