

A02735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B. BOSTICK

MAR - 6 2013

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOWNTOWN LOCKHART, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A02735

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

T. Michael Drake

Contact Person

Downtown Lockhart, Ltd.

Firm/Company

522 S. Hunt Blvd. #129

Address

Apopka, FL 32703

City, State and Zip Code

drakerealty@sprynet.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

T. Michael Drake

Name of Contact Person

at ( 407 )

682-7078

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
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.

1. DOWNTOWN LOCKHART, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/28/1973 3. A02735  
Date of filing/registration in Florida Florida document number

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

T. Michael Drake  
Name

380 S. SR434, Suite 1004-#114  
Address

Altamonte Springs, FL 32714  
City, State and Zip

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

Downtown Lockhart, Ltd.  
Name

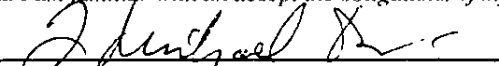
522 S. Hunt Club Blvd. #129  
Florida street address (P.O. Box not acceptable)

Apopka FL 32703  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
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.*

  
Signature of Registered Agent

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

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STATE DEPT. OF  
TALLAHASSEE, FLORIDA