

1103000001259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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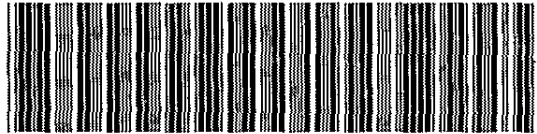
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: The Mander Family Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A03000001259

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:

A. R. Mander, III

(Contact Person)

Greenfelder, Mander, Murphy, Dwyer

(Firm/Company)

14217 Third Street

(Address)

Dade City, Florida 33523

(City, State and Zip Code)

For further information concerning this matter, please call:

A.R. Mander, III

(Name of Contact Person)

at (352) 567-0411

(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

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STATE OF FLORIDA
SECRETARY OF STATE

**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. The Mander Family Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. August 29, 2003

Date of filing/registration in Florida

3. A03000001259

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:

Temple H. Drummond

Name

328 West Bearss Avenue

Address

Tampa, Florida 33613

City, State and Zip

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

Daniel L. Dwyer

Name

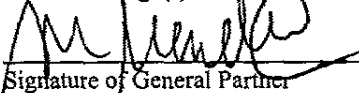
14217 Third Street

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

Dade City FL 33523

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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TALLAHASSEE, FLORIDA