

A04000002021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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(Business Entity Name)

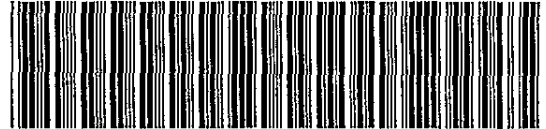
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A04-2021
OR

Harleston R. Wood, Esquire
Attorney and Counselor
One Biscayne Tower - Suite 3580
2 South Biscayne Boulevard
Miami, Florida 33131
Telephone 305-372-5298
Fax: 305-372-5750

January 28, 2005

Florida Department of State
Division of Corp's
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs:

I have enclosed a Limited Partnership Change of Agent Form and \$35.00 fee.

Please contact me if you have any comments.

Very truly yours,



Harleston R. Wood

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2005 JAN 31 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. 8600 Medley Limited Partnership
Name of the limited partnership

2. 12/20/2004 3. A04000002021
Date of filing/registration in Florida 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:

Harleston R. Wood

Name

One Grove Isle Drive, Apt. 1502

Address

Coconut Grove, FL 33133

City, State and Zip

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

Paul F. Hicks

Name

One Grove Isle Drive, Apt. 1502

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

Coconut Grove FL 33133

City, State and Zip

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


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.


Signature of Registered Agent

2005 JAN 31 14:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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