A04000002050

(F	Requestor's Name)	
(A	address)	
(A	ddress)	
•	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	1999 pt 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(C	Occument Number)	1 (11.5)
Certified Copies	Certificates of S	Status
Special Instructions to	o Filing Officer:	

G. MCLEOD

JUL 21 2009

EXAMINER



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07/20/09--01070--014 **35.00

09 JUL 20 AH II:

SECRETARY OF STAIL DIVISION OF

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Arb	or View II, Ltd		
Name of Limited Partnership	or Limited Liability Limited Partnership		
DOCUMENT NUMBER: A0400002050			
The enclosed Statement of Change of Regist fee(s) are submitted for filing.	ered Office and/or Registered Agent and		
Please return all correspondence concerning	this matter to:		
Gregory A. Erdman			
Contact Person			
Arbor View II, Ltd			
Firm/Company			
P. O. Box 1318			
Address			
Bonita Springs, FL 34133			
City, State and Zip Code			
GERDMANGEP@AOL.	COM		
E-mail address: (to be used for future annual rep			
For further information concerning this matt	er, please call:		
Gregory A. Erdman	at (239) 495-1419		
Name of Contact Person	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		
Tallahassee, FL 32301			

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		iew II, Ltd		
	Name of Limited Partnership or Li	mited Liability	Limited Partnership	
2.	12/23/2004	3.	A0400002050	
	te of filing/registration in Florida Florida docu		Florida document number	
4. The name of the Department of Stat	e registered agent and the registered te:	d office address	as shown on the records of the	: Florida
	Gregory /	A. Erdman		
		ame		
	1004 Collier Cent	er Way Su	ite 102	
		dress		
	Naples, Flo	orida 341 1 0		
	City, Sta	te and Zip		
5. The name and F	Florida street address of the new re	gistered agent ar	nd/or office:	09 JUL 20 AMII: 07
	Gregory /	A. Erdman		F
		ame		20
	3401 Pelican Landi	ng Parkway	Suite 2	2
	Florida street address (
	Bonita Springs	S F	L 34134	Ö
		ite and Zip	<u> </u>	~
6. Such change(s)	is/are effective when filed by the l	Florida Departm	ent of State.	
126	•	_	II, Inc., GP	
Signature of Gener	ral Partner			
I hereby accept the	e appointment as registered agent o	and agree to act	in this capacity. I further agre	ee to
comply with the pr	vovisions of all statutes relative to t	he proper and c	omplete performance of my du	
and I am familiar	with an accept the obligations of m	y position as re _l	gistered agent.	
Signature of Regis	stered Agent	-		
Filing Fee:	\$35.00			
Certified Copy	(optional): \$52.50			