## A0500000035

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## **COVER LETTER**

Registration Section

**Division of Corporations** 

SUBJECT: BEACHSIDE RESORTS REALTY, LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A05000000035

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:

M. TODD BURKE, ESQ.

(Contact Person)

BURKE, BLUE, HUTCHISON, WALTERS & SMITH, P. A.

(Firm/Company)

215 GRAND BOULEVARD, SUITE 101

(Address)

DESTIN, FL 32550

(City, State and Zip Code)

For further information concerning this matter, please call:

LISA MOLLITOR

(Name of Contact Person)

at (850) 267-9498

(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

INHS04 (01/06)

**MAILING ADDRESS:** 

**Registration Section Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314



May 17, 2007

GARY WISE 10610 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407

SUBJECT: BEACHSIDE RESORTS REALTY, LIMITED PARTNERSHIP

Ref. Number: A0500000035

We have received your document for BEACHSIDE RESORTS REALTY, LIMITED PARTNERSHIP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 007A00034386

## 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. BEACHSID	E RESORTS RE	ALTY, LIM	IITED PART	NERSHIP	
Na	ame of Limited Partnership of	or Limited Liabil	ity Limited Partners	ship	
<sub>2.</sub> JANUARY 3, 2005		3.	<sub>3.</sub> A0500000035		
Date of filing/registration in Florida			Florida document number		
4. The name of the re Department of State:	egistered agent and the regist	tered office addre	ess as shown on the	records of the Florida	
	CORPORATE CRE	ATIONS INT	ERNATIONAL,	INC.	
		Name			
	11380 PROPSP	ERITY FA	RMS ROAD	#221E	
		Address		-M.A. (C)	
	PALM BEACH C	SARDENS	, FL 33410	AEC 78	
	City,	State and Zip		SEP	
5. The name and Flo	rida street address of the nev	v registered agen	t and/or office:	P 26 AF	
	M. TODD BURK	Œ, ESQ.		· · · · · · · · · · · · · · · · · · ·	
		Name		9: 59 FLORIT FLORIT 1	
	215 GRAND BO	ULEVARE	O, SUITE 10	1 器 5	
	Florida street addre	ss (P.O. Box not	acceptable)	72	
	DESTIN		<sub>FL</sub> 32550		
	City,	State and Zip			
6 Such change(s) is/	are effective when filed by t	ha Florido Donor	tmant of State		

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50