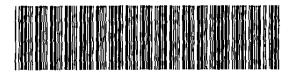
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(Req	uestor's Name)				
(Address)					
(Add	ress)				
(City)	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Doc	ument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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#### HENDERSON & MAXWELL, P.A.

July 18, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Dear Sir/Madam:

Enclosed for filing with your office are change of address of registered agent forms and checks for filing fees relative to the entities listed below:

\$35.00
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Florida Department of State Division of Corporations July 18, 2005 Page 2

Montecito Travini, Inc.	\$35.00
Montecito Uno Lago, Inc.	\$35.00
Montecito Bella Vista, Inc.	\$35.00
Montecito Construction Company, Inc.	\$35.00
Montecito Anastasia Island, Inc.	\$35.00
The Montecito Venetian, Inc.	\$35.00
Montecito Property Company, LLC	\$25.00
Montecito Investment Company, LLC	\$25.00
Montecito Provence, LLC	\$25.00
Montecito Canyons, LLC	\$25.00
Montecito Country Club, LLC	\$25.00

Should you have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Very truly yours,

Douglas R. Maxwell

DRM/dw Enclosures

### 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.

Montecito Bacaro, L	LLP			•
	Name	e of the limit	ed partnership	
2. 02/25/05 Date of filing/registration	on in Florida	3A0		
4. The name of the register		_	Document number assigned	
<del></del>	309 Pablo Oaks	Nam	~	
Ja	acksonville, FL 3	Address 32224		05 05
		City, State	and Zip	JUL :
<ol> <li>The name and address of the new registered agent and/or office:</li> <li>Douglas R. Maxwell</li> </ol>		SION OF CORPORATE		
Name 10739 Deerwood Park Boulevard, Suite 200A Florida street address (P.O. Box not acceptable)		evard, Suite 200A	nāktiov 412: 13	
Jacks	sonville	Fl City, State	32256	-
6. Such change(s) was/were				Bacaro, Inc.,
Signature of General Partner	)		General Partner	
with the provisions of all st familiar with and accept the	tatutes relative to t obligations of my p in the registered off	the proper position as	gree to act in this capacity. I fun and complete performance of s registered agent. Or, if this do ss, I hereby confirm that the lin	my duties, and I am ocument is being filed
Monglas L. M	mfwell		_	
Signature of Registered Agent				

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