

AD5000000472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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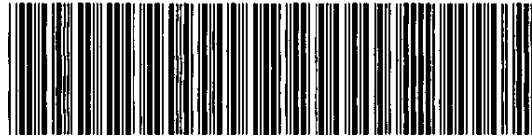
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 11 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Ashton Golf Club II, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A05000000472

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:

Craig B. Hill, Esquire
Contact Person
Clark, Campbell, Mawhinney & Lancaster, P.A.
Firm/Company
500 South Florida Avenue, Suite 800
Address
Lakeland, Florida 33801
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig B. Hill at (863) 647-5337
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:
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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TALLAHASSEE, FLORIDA

**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. Lake Ashton Golf Club II, Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/07/2005 3. A05000000472
Date of filing/registration in Florida 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:

Peter A. McFarlane
Name

500 South Florida Avenue, Suite 700
Address

Lakeland, FL 33801
City, State and Zip

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

Ronald L. Clark
Name

500 South Florida Avenue, Suite 800
Florida street address (P.O. Box not acceptable)

Lakeland FL 33801
City, State and Zip

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6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

Mark E. Schreiber, as Vice President of CRF Management Co., Inc.,
a Florida corporation, the general partner of Lake Ashton Golf Club II,
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