A65 269

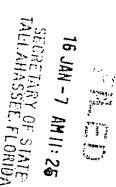
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	JECT:	Nassau Homes, Ltd.					
	Name of Limited Partn	ership or Limi	ted Liabi	lity Lin	nited Partnership		
DOC	DOCUMENT NUMBER:		A05269				
	enclosed Statement of Change of I are submitted for filing.	Registered C	Office as	nd/or I	Registered Agent and		
Please	e return all correspondence conce	rning this m	atter to				
	April Cliche			_			
	Contact Person						
	Nassau Homes, L	td.					
	Firm/Company						
	3111 Paces Mill Rd. Ste	e. A-250					
	Address						
	Atlanta, GA 3033	9					
	City, State and Zip Cod	le					
	acliche@hallmarl	cco.com					
E	e-mail address: (to be used for future and	nual report not	ification)				
For fi	urther information concerning this	s matter, ple	ase call	:			
	April Cliche	at (770)	984-2100x118		
	Name of Contact Person				ytime Telephone Number		
Enclo	osed is a \$35.00 check made paya	ble to the Fl	orida D	epartn	nent of State.		
STRI	EET ADDRESS:		MAI	LING	ADDRESS:		
_	istration Section Registration Section						
	ion of Corporations		Division of Corporations				
	on Building		P. O. Box 6327				
	Executive Center Circle		Talla	nassee	e, FL 32314		
1 211121	DASSEC CL. 3/3UT						

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	Nassau Hon			
	Name of Limited Partnership or Limite	d Liability Lin	nited Partnersh	ip
2.	10/18/1976	3.	A052	269
	Date of filing/registration in Florida			
	The name of the registered agent and the registered off partment of State:	ice address as	shown on the r	ecords of the Florida
	Susan Ad	ams _		
	Name			
	4040 West Newberry F	950B		
	Address		_	: }
	Gainesville, F	L 32607		26 x
	City, State an	d Zip		59 3
5.	The name and Florida street address of the new registe	red agent and/	or office:	JAN - I RETAB AHASI
	The Hallmark Com	np <u>anies, In</u> c	<u>. </u>	
	Name		_	
	4040 West Newberry R	Road, Suite	950B	AM II: 25 Of State C.Florio
	Florida street address (P.O.	Box not accep	table)	€A Ø
	Gainesville,	FL	32607	<i></i>
	City, State an			
6	Such change(s) is/are effective when filed by the Florid	da Denartment	of State	
υ,	Most Western Head by the Front	da Department	or state.	
Sig	nature of General Partner			
cor and	ereby accept the appointment as registered agent and a nply with the provisions of all statutes relative to the plat I am familiar with an accept the obligations of my postal I am familiar with an accept the obligations of my postal I am familiar with an accept the obligations of my postal I am familiar with an accept the obligations of my postal I am familiar with an accept the obligations of my postal I am familiar with a familiar with an accept the obligations of my postal I am familiar with an accept the obligations of my postal I am familiar with an accept the obligations of my postal I am familiar with an accept the obligations of my postal I am familiar with an accept the obligations of my postal I am familiar with an accept the obligations of my postal I am familiar with an accept the obligations of my postal I am familiar with an accept the obligations of my postal I am familiar with an accept the obligations of my postal I am familiar with an accept the obligations of my postal I am familiar with a familiar with an accept the obligations of my postal I am familiar with a fami	roper and com	plete performa	I further agree to ince of my duties,
	ling Fee: \$35.00 ertified Copy (optional): \$52.50			