

Ad 000000271

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(City/State/Zip/Phone #)

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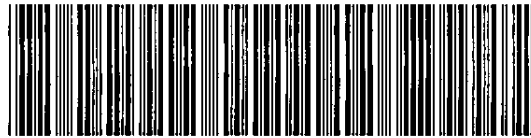
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SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 10 PM 2:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAILS END PLAZA, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A 06 000000271

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:

PETER L. BRETON
Contact Person

BRETON, LYNCH EUBANKS & SUAREZ-MURIAS, PA.
Firm/Company

1209 N. OLIVE AVENUE
Address

WEST PALM BEACH, FL 33401
City, State and Zip Code

P BRETON @ BLESMLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER L. BRETON at (561) 721-4003
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

**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. TRAILS END PLAZA, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/17/2006 3. A06000000271
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 L. BRETON, ESQ.
Name
625 N. FLAGLER DRIVE, 9TH FLOOR
Address
WEST PALM BEACH, FL 33401
City, State and Zip

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

PETER L. BRETON, ESQ.
Name
1209 N. OLIVE AVENUE
Florida street address (P.O. Box not acceptable)
WEST PALM BEACH FL 33401
City, State and Zip

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

TRAILS END MANAGER, INC.

BY: JOSEPH A. PALERMO, III, PRESIDENT
Signature of General Partner

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.

Peter L. Breton
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
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DIVISION OF CORPORATION
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