

Fax Server

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
ECLIPSE EAST ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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10 FEB 18 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10 FEB 18 AM 10:15

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Corporate Filing Menu

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J. BRYAN

FEB 19 2009

EXAMINER

**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. ECLIPSE EAST ASSOCIATES, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 01/22/2007 3. A07000000078
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:

Robert O. Jackson
Name
805 E. Broward Boulevard, #200
Address
Fort Lauderdale, FL 33307
City, State and Zip

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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

Blanca Lozada
Signature of General Partner
Blanca Lozada, Attorney in fact on behalf of Reliance Eclipse East, LLC, its 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 and accept the obligations of my position as registered agent.

Grace E. Kirby
By: Grace E. Kirby
Signature of Registered Agent Grace E. Kirby, Assistant VP

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

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