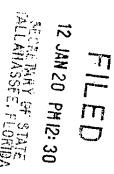
(Address)  (Address)  (City/State/Zip/Phone #)					
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D. BRUCE

JAN 2 3 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	,				
	NEWAL LIMITED PARTNERSH	<u>IP</u>	_		
Name of Limited Partnersh	ip or Limited Liability Limited Partnership				
DOCUMENT NUMBER: A0700000257					
The enclosed Statement of Change of Reg fee(s) are submitted for filing.	istered Office and/or Registered Agent a	nd			
Please return all correspondence concernir	ng this matter to:				
John Parrish, Esq.					
Contact Person					
Parrish White & Lawhon,	PA				
Firm/Company			12		
3431 Pine Ridge Road, Suit	e 101	地で	ĄŲ		
Address			2		
Naples, FL 34109		250	_		
City, State and Zip Code	.5		PH 12: 30		
• •		25 25 25 25 25 25 25 25 25 25 25 25 25 2	N		
E-mail address: (to be used for future annual	report notification)	N N	30		
For further information concerning this ma	atter, please call:				
John Parrish	at ( 239 ) 566-2013				
Name of Contact Person	Area Code and Daytime Telephone Num	ber	-		
Enclosed is a \$35.00 check made payable	to the Florida Department of State.				
STREET ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P. O. Box 6327				
2661 Executive Center Circle	Tallahassee, FL 32314				
Tallahassee, FL 32301	•				

## 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.

*	/ETLAND RENEWAL me of Limited Partnership or Limi			<del></del>
20	2/02/2007	3	A070000025 Florida document num	
·	/registration in Florida gistered agent and the registered o	ffice address as		
Department of State.	Janet Ar	onoff		
	Name	e		
	900 5th Avenue S	South, Apt 3	03	
	Addres		<del></del>	
	Naples, FL	34102		
	City, State a	and Zip	<del></del>	
5. The name and Flori	ida street address of the new regist	tered agent and	/or office:	
	John Parris	h, Esq.		
	Name			
	3431 Pine Ridge R	Poad Suite	101	
	Florida street address (P.O			
		., = +	,	<b>宣称</b> 75
	Naples	FL.	34109_	
	City, State a	and Zip		ASW E
6. Such change(s) is/a	are effective when filed by the Flor	rida Departmen	at of State.	SS 60 F
		•		四里 严
Signature of General F	'artner			F. STA
comply with the provis	pointment as registered agent and sions of all statutes relative to the a an accept the obligations of my p	proper and con	nplete performance of n	r aggree to 3
Signature of Registere Filing Fee:	d Agent \$35.00			

Certified Copy (optional): \$52.50