

A07000001149Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

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RECEIVED
10 NOV -9 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDAREGISTERED AGENT CHANGE
ADMG FAIRCAVE PARTNERS LP

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DIVISION OF CORPORATIONS
10 NOV -9 AM 8:33

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADMO FAIRCAVE PARTNERS LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: AO7000081149

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:

Contact Person

Firm/Company

Address

City, State and Zip Code

mdaniels@landmarkresidential.com

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

For further information concerning this matter, please call:

Name of Contact Person at (_____) 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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DIVISION OF CORPORATION

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**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. ADMG FAIRCAVE PARTNERS LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/3/2007 3. A07000001149
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:

LUBBECK, JOSEPH
Name
825 PARKWAY ST STE 4
Address
JUPITER FL 33477
City, State and Zip

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

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

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

[Signature] signing on behalf of general partner
Signature of General Partner ADMG FAIRCAVE GP, LLC

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] Assistant Secretary
Signature of Registered Agent Rebecca Barth

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

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT James Miller of ELCO ("the Corporation"), a Corporation formed under the laws of Delaware and of the subsidiary entities shown on the list appended hereto does hereby appoint Barbara Burke and Madonna Cuddihy as attorney-in-fact for the Corporation and for the subsidiary entities to act for the Corporation and for the subsidiary entities and in the name of the Corporation and of the subsidiary entities for the limited purposes authorized herein.

The Corporation and the subsidiary entities, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary registered agent and registered office, or the agent and office of similar import, in any state.

In the execution of any documents necessary for the purposes set forth herein, Madonna Cuddihy shall exercise the power of Vice-President (or Member/Manager for an LLC) and Anthony Licausi shall exercise the power of Secretary (or Member/Manager for an LLC).

This Power of Attorney expires when revoked by officer of the Corporation.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 4 day of October, ~~2009~~ 2010

ELCO

By Authorized Person:

Name: James Miller
Title: CFO

STATE OF FL)
) ss

COUNTY OF HILLSBOROUGH)

Subscribed and sworn to before me this 4 day of October, 2009 10



Maya Daniels
Notary Public

ADMG 191 GP, LLC
ADMG 191 PARTNERS LP
ADMG CENTURY MILL GP, LLC
ADMG CENTURY MILL PARTNERS LP
ADMG DIPLOMATIC GP, LLC
ADMG DIPLOMATIC PARTNERS LP
ADMG FAIRCANE GP, LLC
ADMG FAIRCANE PARTNERS LP
ADMG RIVERVIEW GP, LLC
ADMG RIVERVIEW PARTNERS LP
ADMG TREEHILLS PARTNERS LP
ADMG UNIVERSITY GP, LLC
ADMG UNIVERSITY PARTNERS LP
ASSET DEVELOPMENT AND MANAGEMENT GROUP, LLC
CROWN RIDGE PARTNERS, LLC
DAYTONA SEABREEZE I, LLC
EAST POINTE PARTNERS, LLC
EL CONQUISTADOR PARTNERS, LLC
ELCO LANDMARK RESIDENTIAL HOLDINGS LLC
ELCO LANDMARK RESIDENTIAL MANAGEMENT, LLC
EPOR INVESTORS LLC
GRAND ISLES AT BAYMEADOWS, LLC

LAKESIDE NORTH PARTNERS, LLC
LANDMARK AT GRAND MEADOW, LLC
LANDMARK AT GRAND PALMS, LLC
LANDMARK AT SKYTOWER SUITES, LLC
LANDMARK RESIDENTIAL MANAGEMENT, LLC
ROYAL COVE PARTNERS, LLC
ROYAL GREEN PARTNERS, LLC
SEABREEZE MARINA, LLC