

**A07000001343**

Florida 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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**REGISTERED AGENT CHANGE  
ADMG DIPLOMATIC PARTNERS LP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$35.00 |

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C. LEWIS  
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EXAMINER

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TALLAHASSEE, FLORIDA

**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. ADMO DIPLOMATIC PARTNERS LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/10/2007 3. A07000001343  
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:

MOORE, CHARLES A ESQ  
Name  
201 NORTH FRANKLIN STREET, SUITE 2000  
Address  
TAMPA FL 33602  
City, State and Zip

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

CT 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.

Rebecca Barth signing on behalf of general partner  
Signature of General Partner ADMO DIPLOMATIC 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.*

Rebecca Barth  
Signature of Registered Agent Assistant Secretary  
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 Ucausi 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 Danielle  
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              |

|                                         |
|-----------------------------------------|
| LAKE SIDE NORTH<br>PARTNERS, LLC        |
| LANDMARK AT GRAND<br>MEADOW, LLC        |
| LANDMARK AT GRAND<br>PALMS, LLC         |
| LANDMARK AT SKY TOWER<br>SUITES, LLC    |
| LANDMARK RESIDENTIAL<br>MANAGEMENT, LLC |
| ROYAL COVE PARTNERS,<br>LLC             |
| ROYAL GREEN PARTNERS,<br>LLC            |
| SEABREEZE MARINA, LLC                   |

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADMG DIPLOMATIC PARTNERS LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A07000001343

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

mdaniela@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

INHS04 (01/06)