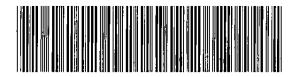
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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Ra Change

COVER LETTER

TO: Registration Section Division of Corporation	ons		
SUBJECT: Breakers Partners, I	LTD.		
Name of Li	mited Partnership or Limited Liabi	lity Limited Partnersh	ip
DOCUMENT NUMBER: A	11000000141		
The enclosed Statement of Ch fee(s) are submitted for filing	nange of Registered Office ar	nd/or Registered A	gent and
Please return all corresponder	nce concerning this matter to:	:	
Judy Butz			
Contac	t Person	_	
Continental Property Services, Inc.			
Firm/Co	ompany	_	
444 Seabreeze Blvd. #600			
Add	dress	_	
Daytona Beach, Fl 32118			2024 1107
City, State a	nd Zip Code	_	. ₹
judy@epsine.org			1
E-mail address: (to be used to	r future annual report notification)	. <u></u>	
For further information conce	erning this matter, please call	;	M 9: 44
Judy Butz	at (³⁸⁶	238-7400	
Name of Contact Person		and Daytime Telephor	ne Number'

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

18	ame of Limited Partnership or Lin	nited Liability Limited Partn	ership
2. 02/14/2011		3. A11000000	141
Date of filing/registration in Florida		Florida document number	
4. The name of the r Department of State:	egistered agent and the registered	office address as shown on t	the records of the Florida
	Russell Bryant, c/o Continen	tal Property Services, Inc	
	Nar		_
	444 Seabreeze Blvd. #	600	
	Addr Daytona Beach, FL 32		_
	City, State	and Zip	_
5. The name and Florida street address of the new registered agent and/or office:			
	Brian Adamson, c/o Continer	ntal Property Services, Inc	
	Name		<u>.</u> .
	444 Seabreeze Blvd. #	600	
	Florida street address (P.	O. Box not acceptable)	
	Daytona Beach	FL_32118	
2	City, State	and Zip	
6. Sych chánge(s) is	are effective when filed by the FI	orida Department of State.	
[/4 &1 E	Kitix		
Signature of General	Partner		
comply with the prov	ppointment as registered agent ar visions of all statutes relative to the in an accept the obligations of my	e proper and complete perfo	rmance of my duties,

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50