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Special Instructions to	Filing Officer:	ŀ	
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SECRETARY OF STATE

J. BRYAN

MAR 1 7 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Regency Windmeadows Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A12493

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:

Neal R. Lohuis

(Contact Person)

Regency Windsor Management, Inc.
(Firm/Company)

2935 20th Street
(Address)

Vero Beach, FL 32960
(City, State and Zip Code)

SECRETARY OF STATE OF CORPORATIONS

For further information concerning this matter, please call:

Neal R. Lohuis

(Name of Contact Person)

at (772) 778-8240

(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

INHS04 (01/06)

MAILING ADDRESS:

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

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.

change ha registere.	a office of registered agent, o	Tooli, in the state of Fronta.	
L Regency	Windmeadows L	imited Partnership	
Na	me of Limited Partnership or Li	imited Liability Limited Partnership	
_{2.} 05/11/198	32	_{3.} A12493	
Date of filing	g/registration in Florida	Florida document number	
4. The name of the ro Department of State:	egistered agent and the registered	d office address as shown on the records of th	ie Florida
	James S. Quino	ey	
		ame	
	1934 N.W. 32nd	Terrace	- 5
	Ado	dress	180
	Gainesville, FL	32605	AR.
	City, Sta	te and Zip	08 MAR 14 PH 3: 48
5. The name and Flor	rida street address of the new re	gistered agent and/or office:	므
	Neal R. Lohuis		يد بن
	Na	ame	ري ئيا
	2935 20th Stree	et .	
	Florida street address (l	P.O. Box not acceptable)	
	Vero Beach	_{FL} 32962	
	City, Sta	te and Zip	
6. Such change(s) is/	are effective when filed by the F	Ilorida Department of State.	
Signature of General	Partner	-	
I hereby accept the at	opointment as registered agent a	and agree to act in this capacity. I further agi	ree to
comply with the provi	isions of all statutes relative to t	he proper and complete performance of my d	
ana i ani jamiliar wit	Han occept the obligations of m	y position as registered agent.	
Merc	ad A comb		
Signature of Register	eu Agent		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50