

A15701

Requester's Name

Address

City/State/Zip

Phone #

300003452973--2

-11/06/00-01074--002

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. FOUNTAINGATE ASSOCIATES LIMITED PARTNERSHIP  
(Corporation Name) (Document #)

A15701

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

STATE OF FLORIDA  
TALLAHASSEE

00 NOV -6 AM 9:46

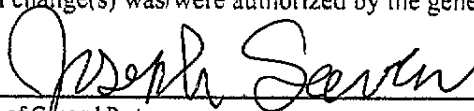
FILED  
11/16

Examiner's Initials

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. FOUNTAINGATE ASSOCIATES "LIMITED PARTNERSHIP"  
Name of the limited partnership
2. 11/14/83  
Date of filing/registration in Florida
3. A15701  
Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  
JOSEPH SAVIN  
Name  
3316 GRIFFIN ROAD  
Address  
FORT LAUDERDALE, FL 33312  
City, State and Zip
5. The name and address of the new registered agent and/or office:  
BERNARD RIVKIN  
Name  
5940 SW 19TH STREET  
Florida street address (P.O. Box not acceptable)  
PLANTATION FL 33317  
City, State and Zip
6. Such change(s) was/were authorized by the general partners.

  
Signature of General Partner JOSEPH SAVIN

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

  
Signature of Registered Agent BERNARD RIVKIN

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00

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00 NOV -6 AM 9:46  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE