

Requestor's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

A15823

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

1. \_\_\_\_\_ (Corporation Name) (Document #)
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	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

000002194440--0  
 -05/29/97--01037--016  
 \*\*\*\*175.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

A15-823

D.P.S.

P.A.C.

5-27-97

Examiner's Initials	_____
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**LIMITED PARTNERSHIP STATEMENT OF  
CHANGE OF REGISTERED OFFICE AND AGENT**

Pursuant to the provisions of §620.105 and §620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the State of Florida submits the following statement in order to change its registered office and registered agent in the State of Florida.

1. The name of the limited partnership is:  
AL-COLONIAL ASSOCIATES LIMITED PARTNERSHIP
2. The date of filing/registration in Florida is:  
11/30/83
3. Document number assigned:  
A15823
4. The name and address of the present registered agent and office:  
Michael J. Aranson  
575 Sandpiper Way  
The Sanctuary  
Boca Raton, FL 33431
5. The name and address of the successor registered agent and office:  
Robert B. Burandt, Esquire  
1714 Cape Coral Parkway  
Cape Coral, FL 33904
6. Such change was authorized by the general partners.

GENERAL PARTNERS:

  
EDWARD D. GING

  
GERALD E. FELDMAN

DATE: 5-20-97

DATE: 5-20-97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

  
ROBERT B. BURANDT, ESQUIRE