A19826

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: 1776 Associates, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A19826

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:

KENNETH W. SHAPIRO, ESQ.

(Contact Person)

THE SHAPIRO LAW FIRM

(Firm/Company)

1776 N. PINE ISLAND ROAD, SUITE 308

(Address)

PLANTATION, FL 33322

(City, State and Zip Code)

For further information concerning this matter, please call:

KENNETH W. SHAPIRO, ESQ. at (954

(Name of Contact Person)

(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)

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.

A. The name of the registered agent and the registered office address Department of State: Allen I. Morris Name 1776 N. Pine Island Road, Address Plantation, FL 33322 City, State and Zip 5. The name and Florida street address of the new registered agent Kenneth E. Morris Name 1776 N. Pine Island Road, Florida street address (P.O. Box not a Plantation, FL 33322 City, State and Zip 6. Such change(s) is/are effective when filed by the Florida Depart		
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Plantation, FL 33322 City, State and Zip 6. Such change(s) is/are effective when filed by the Florida Depart	SECRETARY OF STATE Acceptable)	<u> </u>
City, State and Zip 6. Such change(sylic/are effective when filed by the Florida Depart	t acceptable)	1
6. Such change(s) is/are effective when filed by the Florida Depart	77 7: 1 ORIGI	
# 5. Mr.	D	
Signature of General Partner I hereby accept the appointment as registered agent and agree to a comply with the provisions of all statutes relative to the proper and and I am familial with an accept the applications of my position as the second s	act in this capacity. I further agree to nd complete performance of my duties,	
1775 S. MM.	-	
Signature of Registered Agent		

Certified Copy (optional): \$52.50