

*Diane L. Farace*  
**A 22546**  
*Real Property Services Corp.*

Requestor's Name  
 333 S. Juniper St. Suite 217  
 Address  
 Escondido, CA 92025  
 City/State/Zip Phone #

200002704352--8  
 -12/07/98--01061--017  
 \*\*\*\*210.00 \*\*\*\*\*35.00

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

FILED  
 98 DEC -7 PM 4: 30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- ☐ 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

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

**A 22546**

Name	<i>[Signature]</i>
Availability	<i>[Signature]</i>
Document	<i>[Signature]</i>
Examiner	<i>[Signature]</i>
Updater	<i>[Signature]</i>
Verifier	<i>[Signature]</i>
Acknowledgment	<i>[Signature]</i>

**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. PINEWOOD VILLAS, LTD.  
Name of the limited partnership

2. 5-6-86 3. A22546  
Date of filing/registration in Florida 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:

CORPORATION SERVICE COMPANY  
Name  
1201 HAYS STREET  
Address  
TALLAHASSEE, FL 32301  
City, State and Zip

5. The name and address of the new registered agent and/or office:

NEIL SCHAEFFER  
Name  
28779 WILD COFFEE COURT  
Florida street address (P.O. Box not acceptable)  
BONITA SPRINGS FL 34135  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

PINEWOOD VILLAS, LTD. BY ASB ENTERPRISES, INC., GENERAL PARTNER

BY: Patricia M. Green  
Signature of General Partner PATRICIA M. GREEN, SECRETARY

*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]  
Signature of Registered Agent

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

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