

# A 22546

Diana L. Farace  
Real Property Services Corp.  
333 S. Juniper Street, Suite 217  
Escondido, California 92025  
(760) 839-7908 Fax (760) 839-9025

Office Use Only

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

1. Pinewood Villas, Ltd.  
(Corporation Name) (Document #)

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

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR 18 PM 4:36

☐ 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

200002810782-17  
-03/18/99--01074-015  
\*\*\*\*\*35.00 \*\*\*\*\*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

Diana Farace GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Date of Original Filing  
DATE 3/25/99  
DOC. EXAM MAF

A 22546

Examiner's Initials

MAF

**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. 5/14/86 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:

NEIL SCHAEFFER  
Name  
28779 WILD COFFEE COURT  
Address  
BONITA SPRINGS, FL 34135  
City, State and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR 18 PM 4:36

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

NEIL SCHAEFFER  
Name  
27121 EDENBRIDGE 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