

Document Number

A 22743

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

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*****35.00 *****35.00

Corporation(s) Name

Stirling Properties Associates I, Ltd.

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Mark
<input type="checkbox"/> LLC		
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Reservation	<input checked="" type="checkbox"/> Ch. RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input checked="" type="checkbox"/> Walk in	<input checked="" type="checkbox"/> Pick-up	<input type="checkbox"/> Will Wait

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Melanie Strickland

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Thank You!

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**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. Stirling Properties Associates I, Ltd.
Name of the limited partnership

2. 06/16/86 3. A22743
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:

B. E. Miller
Name
5900 SW 73rd Street, Suite 303
Address
Miami, FL 33143
City, State and Zip

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

CT CORPORATION SYSTEM
Name
1200 S. Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation FL 33324
City, State and Zip

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

NUWAY PROPERTIES, INC.

By: [Signature]
Signature of General Partner **Michael L. Thomas, Director/President**

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.

CT CORPORATION SYSTEM

By: Connie Bryan Connie Bryan
Signature of Registered Agent Special Asst. Secretary

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

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