2p 33813—1503 US Singer Address of Country US Street Address (P.O. Box Number is Not Acceptable)  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fell 208 WEST ALAMO DRIVE LAKELAND FL 33813  City FL Zip Code 33813—1503  6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Rorida.  SIGNATURE Symilar hypot or protect form of registered agent and this is applicable. PLOFE Registered office or registered agent, or both, in the State of Rorida.  SIGNATURE Symilar hypot or protect form of registered agent and this is applicable. PLOFE Registered office or registered agent, or both, in the State of Rorida.  SIGNATURE Symilar hypot or protect form of registered agent and this is applicable. PLOFE Registered office or registered agent, or both, in the State of Rorida.  SIGNATURE Symilar hypot or protect form of registered agent and this is applicable. PLOFE Registered office or registered agent, or both, in the State of Rorida.  SIGNATURE Symilar hypot or protect form of registered agent and this is applicable. PLOFE Registered Agent update registered agent, or both, in the State of Rorida.  SIGNATURE Symilar hypot or protect form of registered agent and this is applicable. PLOFE Registered Agent or registered agent, or both, in the State of Rorida.  SIGNATURE STATE Agent agent agent and this is applicable. PLOFE Registered Agent age	DOCUMENT # A22845  1. Entity Name OAK MEADOWS ESTATES, LTD.					FILED	M	
Surte, Apt. 4, etc.  City & State  City & St	208 W. ALAM	O DRIVE	P.O. BOX 5400			SECRETARY OF STATE	<b>1</b> 1. <b>1</b> 11. 1111 <b>1</b> 111 1 <b>1</b> 11	
City & State    City & State   City & State   City & State   City & State   Country   Special Country	2. Principal Place of Business 3. Mailing Address							
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HARPER, ROBERT F III  208 WEST ALAMO DRIVE LAKELAND FL 33813  City FL Zip Code 33813=150:  8. The above named entity submits this statement for the purpose of changing its registance office or registered agent, or both, in the State of Plonda.  SIGNATURE Signature, hyper or immore fine or registrate agent and the registered agent, or both, in the State of Plonda.  SIGNATURE 9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions as Shown on record.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an emendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOUBLET / SIMPLE ADDRESS CHANGES ONLY  STREET ADDRESS  OITY-ST-2P  LAKELAND FL  STREET ADDRESS  OITY-ST-2P  DOUBLET / NAME STREET ADDRESS  OITY-ST-2P  STREET ADDRESS  OITY-ST-2P  DOUBLET / NAME STREET ADDRESS  OITY-ST-2P  DOUBL	•		Zip		ntry	5. Certificate of Status Desired	.75 Additional Required	
HARPER, ROBERT F III 208 WEST ALAMO DRIVE LAKELAND FL 33813  City FL Zip Code 33813—150:  City FL Zip Code 33813—150:  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signation, hybor or printer news of registered agent and this if applicable.  POTE: Registered Apper augmature received when researching:  DAYE  10. Capital Contributions Shown on record.  \$100.00  11. MAKE CHECK PAYABLE TO DEPT: OF STATE SEE REVERSES SIDE OF PRE INFORMATION  A CENERAL PARTICE THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.  GENERAL PARTICEN INFORMATION  12. GENERAL PARTICEN INFORMATION  SIRRET ADDRESS  SIRRET ADDRESS  SIRRET ADDRESS  CITY-51-2P  DOUMENT /  NAME  SIRRET ADDRES		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Age	nt	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIONATURE  SIONATURE  Spotture, bysee or privace have set registered agent and the flagolateable.  MOTE Registered Agent signature required when remaining:  DATE  9. Capital Contributions  \$100.00  10. Amount of Capital Contributions  A GENERAL PARTER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / MAKE  STREET ADDRESS  CITY-ST-2P  DOCUMENT / MAKE  ST								
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Commitutions SIGNATURE  9. Capital Commitutions SIGNATURE  9. Capital Commitutions In FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR PEE INFORMATION  A CENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / SUMMIT PROPERTIES SUMMIT PROPERTIES SUMMIT PROPERTIES CITY-ST-ZIP LAKELAND FL  STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT	LAKELAND FL 33813							
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14. Thereby certify that the information supplied with this filling goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path, that I am a General Partner of the limited partnership.	City-St-ZIP		ALL EVE		L	440 27007		
the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE: SIGNATURE: 863/647-5554								

ROBERT F. HARPER, III