A23527

(Requestor's Name)				
(Address)				
(Address)				
, <i>,</i>				
(City/State/Zip/Phone #)				
(Only State Liph Holle #)				
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(Document Number)				
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JAN 16 2008

EXMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Cypress Landings II, Ltd

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A23527

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:

Gary Sherman

(Contact Person)

Continental Corporate Services, Inc.

(Firm/Company)

189 Franklin Avenue, Suite 1

(Address)

Nutley, NJ 07110

(City, State and Zip Code)

For further information concerning this matter, please call:

Gary Sherman

at (800

300-5067

(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

INHS04 (01/06)

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.

		•		
1. Cypress Lan	dings II, Ltd.			
Name of Limited Partnership or Limited Liability Limited Partnership				
2. November 4,	1986	3. A23527		
Date of filing/regi			ocument number	
4. The name of the register Department of State:	red agent and the register	red office address as shown or	1 the records of the Florida	
С	T Corporatio	n System		
]	Name	7000 TAL 3000	
12	00 South Pir	ne Island Rd	2008 JAN SECRET TALLAHA	
	A	ddress	HASS	
PI	antation, FL	33324	55E	
	City, S	tate and Zip		
5. The name and Florida st	reet address of the new r	registered agent and/or office:		
NF	RAI Services, Inc.		ĒŪ c	
	1	Vame	<u> </u>	
27:	31 Executive Park	Drive, Suite 4		
	Florida street address	(P.O. Box not acceptable)	_	
We	eston	FL 33331		
	City, S	tate and Zip		
6. Such change(s) is/are ef	fective when filed by the	Florida Department of State.		
BHAPIT ES PROPERTIES				
Signature of General Partne	er 200	Manager LLC, it Mana	3	
comply with the provisions and I am familiar with an a NRAI Services, Inc.	of all statutes relative to ccept the obligations of the obligations of the content of the conte	and agree to act in this capa the proper and complete perf my position as registered agen	formance of my duties,	