

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000144020 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

RECEIVED

05 JUN -9 AM 8:00

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

WINTER HAVEN OAKS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JUN -9 AM 8:13

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

06/09/2005 16:27 8509785926

CT CORPORATION SYSTM

PAGE 02/02

06/08/2005 THU 12:14 FAX 1 312 283 4207 CT Chicago SPT --- Tallahassee, FL

024/024

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. WINTER HAVEN OAKS, LTD.

Name of the limited partnership

2. 12/11/1987

Date of filing/registration in Florida

3. A25594

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 32301-2525

City, State and Zip

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

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box not acceptable)

PlantationFL 33324

City, State and Zip

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


Signature of General Partner

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 of Registered Agent

Jeffrey R. Graves
Assistant Secretary

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00

INHER04(0/98)

76.045 - 12/22/94 CT System Online

2005 JUN - 9 21 8:15
 SECRET
 TALLAHASSEE
 FILED