

A26915

LAW OFFICE OF  
JOHN MICHAEL TRAYNOR  
28 CONDOVA STREET  
ST. AUGUSTINE, FLORIDA 32084

JOHN MICHAEL TRAYNOR, Esq.

904 / 829-6667

October 26, 2000

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: Limited Partnership Statement of Change of Registered Office or Registered Agent or both/Cypress Point Developers, Ltd. 300003442813--3  
-10/27/00--01088--014  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Dear Sir/Madam:

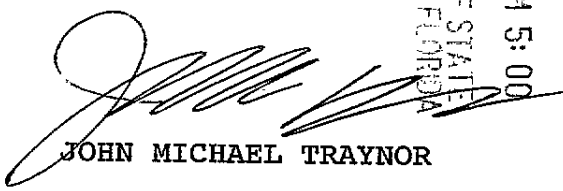
Enclosed please find an original Limited Partnership Statement of Change of Registered Office or Registered Agent, or both, for Cypress Point Developers, Ltd. Please note that the Resident Agent is being changed to James H. Costeira at 2820-A U.S. #1 South, St. Augustine, Florida 32086.

Also enclosed please find check #859 in the amount of \$35.00 which sum represents the cost of the filing fee.

In the event you have any questions or need any additional information, please do not hesitate to contact me.

Thank you for your cooperation.

Sincerely,

  
JOHN MICHAEL TRAYNOR

FILED  
NO OCT 27 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JMT/kh  
Enclosures

A26915  
OK

**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. Cypress Point Developers, Ltd.  
Name of the limited partnership

2. August 18, 1988 3. A26915  
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:

John Michael Traynor  
Name  
28 Cordova Street  
Address  
St. Augustine, Florida 32084  
City, State and Zip

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

James H. Costeira  
Name  
2820-A U.S. #1 South  
Florida street address (P.O. Box **not** acceptable)  
St. Augustine FL 32086  
City, State and Zip

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

James H. Costeira  
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.*

James H. Costeira  
Signature of Registered Agent

FILED  
27 PM 5:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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**