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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 5, 2002

MANDEV PROPERTIES, INC. P.O. BOX 30129 PALM BEACH GARDENS, FL 33420-0129

SUBJECT: SHOPPES OF HIDDEN HARBOUR, LTD. Ref. Number: A27392

We have received your document for SHOPPES OF HIDDEN HARBOUR, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following:

The form you submitted is to change the registered agent for a corporation. Please complete the enclosed form to change the agent of a limited partnership.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley **Document Specialist** 

Letter Number: 102A00020142

## 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 organized under the laws of the state of +lovida, submits the
following statement in order to change its registered office or registered agent, or both, in the state of
Florida.
1. Shoppes of Hidden Harbor, Ltd. Name of the limited partnership
2. Illu 88 Date of filing/registration in Florida  3. A 27392  Document number assigned
4. The name and address of the present registered agent and office:
Reinhard, Sanford N.  2875 NE. 191st Street, #404  North Miami Beach, H33180  5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)  Mandey Properties, Inc Yo Michael With a Parish Old AIA Suite 702
Palm Beach Gardens A 33410
Such change was authorized by the general partners.    Signature of General Partner   Date   Date
Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.

Filing Fee: \$35.00

Date

Registered Agent signature