

A27691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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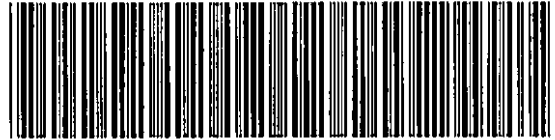
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mackenzie Limited Partnership, No. 1, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A27691

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:

Dean Sposato
Contact Person

Orchid Island Management Group
Firm/Company

P.O. Box 643428
Address

Vero Beach, FL 32964
City, State and Zip Code

info@orchidislandgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean Sposato at (172) 321.3453
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. Mackenzie Limited Partnership, No. 1, LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/30/1988 3. A27691
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Rader, Stuart A, ESQ
Name
2101 NW Boca Raton Blvd STE 1
Address
Boca Raton, FL 33431
City, State and Zip

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

Orchid Island Management Group
Name
3055 Cardinal Drive STE 301
Florida street address (P.O. Box not acceptable)
Vero Beach FL 32963
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Danielle Roberts
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.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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