## Requester's Name Requester's Name Colling Hills Circle Fort Lauderdale, Florida 33328 Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1							
(Corporation Name)			(Document #)		<del></del> -		. 14 mil 1400
2.			<u> </u>	<u> </u>			
(Corporation Name)  3			(Document #)	1000043 -06/08/0 *****35.	7 <b>68</b> : [010 80 **	<b>31</b> —- 06—-00 ****35	-9 3 .00
(Corporation Name)			(Document #)				x
4(Corporation Name)		<u> </u>	(Document #)				· =_
	ick up time	-		☐ Certified Copy			
☐ Mail out ☐ V	Vill wait	u	Photocopy	Certificate of	Status	".	
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS			MENDMENTS  Amendment Resignation of R.A Change of Register Dissolution/Withdr Merger  EGISTRATION/QU	ed Agent E, FLORIDA	2001 JUN -8 AM 9: 29	FILED	
Annual Report Fictitious Name			Foreign Limited Partnership Reinstatement Trademark Other	GL	·	T. Day	
CR2E031(7/97)				Examiner's Initi	als _		

## 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.

1ROLLIN	g Hills International Country Club, Ltd.
	Name of the limited partnership
2 April 27,	
Date of filing/registr	ation in Florida Document number assigned
4. The name of the regis Department of State:	tered agent and the registered office address as shown on the records of the Florida
Department of State.	Reyes, Carlos Esq - Montero Finizio Velazques & Reyes, P.A.
_	Name 1335 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
,	200 Southeast Ninth Street
	Address
	Ft. Lauderdale, Fl. 33316
-	City, State and Zip
5. The name and address	Robert Macaulay, Esquire  Name  2200 Suntrust International Center - One Southeast Third Avenue
	Florida street address (P.O. Box not acceptable)
6. Such change(s) was/w	Miami, FL 33131  City, State and Zip  ere authorized by the general partners.
Molunk	ASSE ASSE
Signature of General Partner	The second secon
with the provisions of all	atment as registered agent and agree to act in this capacity. I further agree to comply statutes relative to the proper and complete performance of my duites, and I am he obligations of my position as registered agent. Or, if this documents being filed in the registered office address, I hereby confirm that the limited partnership has

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

been notified in writing of this change.