## A30558



ACCOUNT NO. : 072100000032

REFERENCE : 007239 -7205268

AUTHORIZATION :

COST LIMIT : \$ 35.00

35.00 Tatucia Pyrit

ORDER DATE: February 15, 2001

ORDER TIME: 9:44 AM

ORDER NO. : 007239-085

CUSTOMER NO: 7205268

CUSTOMER: Ms. Sarah Lindberg

Meadowbrook Group, Inc.

331 S. Florida Avenue

Suite 41

Lakeland, FL 33801

700003707027--6

CHANGE OF AGENT

NAME:

THE FAIRWAYS GROUP OF DELAWARE

LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

U 00ULLIETTE FEB 1 6 2001

## 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. THE FAIRWAYS GROU	JP OF DELAWARE I	LIMITED PARTNERSHIP			
		Name of the limited partne	rship	<del></del> -	·
2 September 05, 199		3 A30558			
Date of filing/registration in Florida			Document number assigned		
4. The name of the reg	gistered agent and t	the registered office ad	dress as shown on	the records	of the Florida
~	C T Corporation	<del></del>			
		Name			
	1200 S. Pine 1	Island Road			
		Address	·	=	100 O
	Plantation, FI	L 33324		<u> </u>	
City, State and Zip				- 5	图面工
5. The name and addre	ess of the new regi	stered agent and/or off	ice:		SSECTION TO THE SECTION OF THE SECTI
	Corporation Serv	rice Company			正公言
		Name			
:	1201 Hays Street	t			で一分
_	· · · · · · · · · · · · · · · · · · ·	eet address (P.O. Box <u>no</u>	t acceptable)		
<u>Ta</u>	allahassee	FL	32301	<u></u> -	
6. Such change(s) was	/were authorized h	City, State and Zip			
	, word damox120d o	y the general partners.		-	
0, 08					
Signature of General Partner		<del></del>			•
Signature of General Parine	ŗ				
I hereby accept the app with the provisions of familiar with and accep merely to reflect a cha been notified in writing	all statutes relative ot the obligations of nge in the register	e to the proper and co	omplete performan	ce of my dut	ties, and I am
Corporation Service	OLD I		·		
Signature of Registered Age	ent U				

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