

A31539

Florida Department of State
Division of Corporations
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L. SELLERS

AUG 11 2011

EXAMINER

To:

Division of Corporations
Fax Number : (850) 617-6133

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5168

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
LOGAN PORT RICHEY ASSOCIATES, L.P. LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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11 AUG 10 PM 12:45

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**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. LOGAN PORT RICHEY ASSOCIATES, L.P. L+P
Name of Limited Partnership or Limited Liability Limited Partnership
2. 5/16/1991 3. A31539
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:

TAMPA-LAWDOCK, INC.
Name
101 EAST KENNEDY BOULEVARD SUITE 3400
Address
TAMPA FL 33602
City, State and Zip

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

CT Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

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

Michael V.P. Logan Port Richey Realty Corp
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.

Marie Edwards
Signature of Registered Agent
Marie Edwards Asst. Secretary

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