A72153

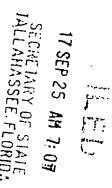
(Requestor's Name)							
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PICK-UP WAIT MAIL							
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(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	SUBJECT: Southlake Office Park, Ltd. Name of Limited Partnership or Limited Liability Limited Partnership							
	Name of Lumeu Famile	asinp or Lin	med Liab	inty tanni	eu rarmersnip			
DOCUMENT NUMBER:			A32	A32153				
	nclosed Statement of Change of R are submitted for filing.	legistered (Office a	nd/or Re	gistered Agent and			
Please	e return all correspondence concer	ming this r	natter to	:				
	Lidia Cartaya							
	Contact Person							
	S&K Worldwide Realty	/ LLC						
	Firm/Company			_				
	150 Alhambra Circle, Su	ite 725						
	Address			_				
	Coral Gables, Florida 3	33134						
	City. State and Zip Code			_				
	•							
— <u> </u>	lcartaya@skwwrea mail address: (to be used for future ann-		tification))	_			
	urther information concerning this	•	Í					
	Lidia Cartaya	at (305)	476-0955			
	Name of Contact Person		rea Code	and Dayti	me Telephone Number			
Enclo	sed is a \$35.00 check made payab	ole to the F	lorida D	epartme	nt of State.			
STRE	EET ADDRESS:		MAI	LING A	DDRESS:			
Regis	Registration Section			Registration Section				
	ion of Corporations		Division of Corporations					
	n Building	P. O. Box 6327						
	Executive Center Circle hassee, FL 32301		Fallal	nassee, F	FL 32314			
ianai	100000, 1 L JEJUI							

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	Southlake Off	ice Park,	Ltd.			
Nam	e of Limited Partnership or Lim	ited Liability I	Limited Partne	rship		
2. 10	/25/1991	3.	A3	32153		
Date of filing/r		Florida document number				
4. The name of the regineratment of State:	istered agent and the registered	office address	as shown on th	e records of the Florida		
	S&K Realty (Group, LLC				
_	Name					
_	150 Alhambra C	ircle, Suite	800	_		
_	Addr	ess		_		
Coral Gables, Florida 33134						
	City, State	and Zip		17 SEE 17		
5. The name and Floric	la street address of the new regi	stered agent an	d/or office:	SEP SRET AHA		
_	S&K Worldwide	Realty, LL	.C	25 25 SSE SSE		
	Nan	ne		E 0		
_	150 Alhambra Ci	rcle, Suite	725	AM 7:07 OF STATE E.FLORID		
_	Florida street address (P.	O. Box not acc	eptable)	OH RIO		
	Coral Gables	FI	33134	3 18 3		
_	City, State	and Zip		_		
6. Such change(s) is/ar	e effective when filed by the Flo	orida Departme	ent of State.			
Pide Poorlo	EQ VS	·				
Signature of General Pa	irtner					
comply with the provisi and I am familiar with a	ointment as registered agent an ons of all statutes relative to the an accept the obligations of my	proper and co	implete perfori	A I further agree to mance of my duties,		
Signature of Registered	Agent					
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50