## A32895

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
_ •		
(Bu	siness Entity Nar	ne)
<u> </u>		
, (Do	cument Number)	
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SECRETARY OF STATE
ALLAHASSEE FESTATE

D. BRUCE
AUG 11 2009
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUB	JECT:	Deer Cr	eek, Lto	d.			
	JECT:Name of Limited Parts	nership or Limi	ted Liabilit	y Limited	Partnership		
DOC	UMENT NUMBER:		A328	95			
	enclosed Statement of Change of are submitted for filing.	Registered C	Office and	or Regi	stered Age	nt and	
Pleas	e return all correspondence conce	erning this m	atter to:				
	Craig B. Hill, Esqu	uire					
	Contact Person					₩.	0
C	Clark, Campbell, Mawhinney &	Lancaster,	P.A.			LC:	09 A
	Firm/Company			•	•	#ET	S
	500 South Florida Avenue	, Suite 800				AR) SSI	AUG TO PHIZE
	Address	-		•		E C	7
wa.	Lakeland, Florida 3					FLOR	7.
	City, State and Zip Co	de				NOA AGE	ă
	E-mail address: (to be used for future an	inual report not	ification)				
For f	urther information concerning the	is matter, ple	ase call:				
	Craig B. Hill	at (	863	)	647-533	17	
	Name of Contact Person	At	rea Code an	d Daytime	e Telephone	Number	
Enclo	osed is a \$35.00 check made paya	able to the Fl	orida Dep	oartment	of State.		
STR	EET ADDRESS:		MAIL	ING AD	DRESS:		
Regis	stration Section		Registr	ation Sec	ction		
	sion of Corporations				porations		
	on Building			ox 6327			
	Executive Center Circle		Tallaha	issee, FL	32314		
Talla	hassee, FL 32301						

## 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		eek, Ltd.			
Na	nme of Limited Partnership or Lin	nited Liability Li	mited Partnersh	nip	
2.	04/30/1992	3.	A32	895	
	g/registration in Florida		Florida docum	ent number	
4. The name of the re Department of State:	egistered agent and the registered	office address as	shown on the	ecords of the Florida	
	Peter A. McF	arlane, Esq.			
	Nan				
	500 South Florida	Avenue, Suite	e 715 _		
	Addı	ress			
	Lakeland,	FL 33801			
	City, State	and Zip		AE SE	
5. The name and Flo	rida street address of the new regi	istered agent and	or office:		
	Ronald L	Clark		AR IO	
	Nar	me		E S IN	
	500 South Florida	Avenue, Suite	e 800	F S A	
	Florida street address (P.	O. Box not acce	ptable)	e Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ	
	Lakeland	FL	33801	DE W	
	City, State	<del></del>		•	
6. Such change(s) is	/are effective when filed by the FI	lorida Departmen	nt of State.		
11		<u>-</u>			
-/4	7 1 1 1 1 1 1 ha	r as Visa Pra	esident of	Deer Creek In	,
Signature of General	Partner MArk E. Schreiber (ation, the general of	Deer C.	reek Ltd	Lace Citer, The	, a
i iic. coj accepi iiic a	ppotition as i agree on agree as			- 3	
comply with the proy	isjons of all statutes relative to the man accept the obligations of my	e proper and con	nplete performa stered agent	ince of my duties,	
	noun accept the congunous of my	position as regi	arci ca agein.		
Signature of Register	red A gent				
Signature of Register	ou agent				
Piline For	£25.00				
Filing Fee: Certified Copy (	\$35.00 optional): \$52.50				
Certified Copy (	optional): \$52.50				