

A93000000/133

Requester's Name

DAAR

1400 S. TREASURE DRIVE  
NORTH BAY VILLAGE, FL 33141

City/State/Zip

Phone #

FILED  
2002 SEP 27 AM 10:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #) 500002092729--1  
-09/30/02--01043--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
2. \_\_\_\_\_  
(Corporation Name) (Document #)
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4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**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 WILLIAM BRADY FAMILY LIMITED PARTNERSHIP  
Name of the limited partnership
2. 9-28-02  
Date of filing/registration in Florida
3. A 93000001133  
Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
- ALYSON DAAR  
Name  
7512 JEWEL AVE  
Address  
NORTH BAY VILLAGE, FL 33141  
City, State and Zip

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

ALYSON DAAR  
Name  
1400 SOUTH TREASURE DRIVE  
Florida street address (P.O. Box **not** acceptable)  
NORTH BAY VILLAGE FL 33141  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Alyson Daar  
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

Alyson Daar  
Signature of Registered Agent

**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**

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