



Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System
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A9400000191

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 FEB 28 AM 7:07

REGISTERED AGENT CHANGE**ARBOR OAKS LTD.**

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

RECEIVED
06 FEB 28 AM 8:00
DIVISION OF CORPORATIONS

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Corporate Filing Menu

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CT SYSTEM

312 345 4344 P.02/03

**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. Arbor Oaks Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/16/1994
Date of filing/registration in Florida

3. A94000000191
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:

Att: Pamela A. Knox The Northwestern Mutual Life Insurance Co.

One Tampa City Center, #2585
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 PLANTATION FL 33324
City, State and Zip

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

James G. Todina
Signature of General Partner

James G. Todina, President of CT Corp, a General Partner of Arbor Oaks, Ltd.
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 am familiar with and accept the obligations of my position as registered agent.

Beverlee Shuewe
Signature of Registered Agent

Beverlee Shuewe
Assistant Secretary

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

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