

A94000000233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

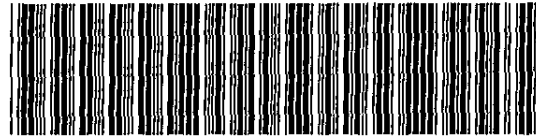
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*BR*

Office Use Only



700043197147

12/15/04 11:02 023 \*\*105.00

RECEIVED  
04 DEC 15 PM 2:26  
TALLAHASSEE, FLORIDA

FILED  
04 DEC 15 AM 7:59  
TALLAHASSEE, FLORIDA

**CT Corporation System**

660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

Lennar Mote Ranch Ltd.

FILED  
04 DEC 15 AM 7:59  
TALLAHASSEE  
FLORIDA  
STATE

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
	<input type="checkbox"/> Fictitious Name	
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

12/15/2004

AAM

Order#: 6244755

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**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 organized under the laws of the state of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Lennar Mote Ranch Ltd.  
Name of the limited partnership
2. 2/24/1994  
Date of filing/registration in Florida
3. A94000000233  
Document number assigned

4. The name and address of the present registered agent and office:

Benjamin P. Butterfield, Esq.  
700 N.W. 107 Avenue  
Miami, FL 33172

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

Such change was authorized by the general partners.  
LL Partners, Inc., general partner

By: Wayne Wright Malcolm  
Signature of General Partner

12/13/04  
Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.

Connie Bryan  
Registered Agent signature  
**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**

12/15/04  
Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHSE004(3/95)