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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Phone

Account Number : 120100000062 : (888)705-7274

Fax Number

: (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

 Address:			

## REGISTERED AGENT CHANGE THE 1177 KANE CONCOURSE PARTNERSHIP, LTD.

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## COVER LETTER

Registration Section TO: Division of Corporations  $_{
m SUBJECT:}$  THE 1177 KANE CONCOURSE PARTNERSHIP, LTD. Name of Limited Partnership or Limited Liability Limited Partnership A94000000725 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Margot Mullin Contact Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd, Ste 300 Address Austin, TX 78744 City, State and Zip Code notices@rasi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Margot Mullin 705-7274 Area Code and Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P. O. Box 6327

Tallahassee, FL 32314

INHS04 (01/06)

2661 Executive Center Circle

Tallahassee, 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.

	ANE CONCOU			. <u></u>	
Nat	ne of Limited Partnership	-	-		•
<sub>2.</sub> 05/26/1994	g/registration in Florida 3. A94000007			'25	
Date of filing	/registration in Florida		1	Florida docum	nent number
4. The name of the rep Department of State:	gistered agent and the reg	gistered office ad	dress as a	shown on the	records of the Florida
	CORPORATION	N SERVIC	E CO	MPANY	*
		Name		<b></b>	• 7
	<b>1201 HAYS ST</b>	REET			
,		Address			
	TALLAHASSEE	E, FL 3230	1		
•	Cit	y, State and Zip			
5. The name and Flori	ida street address of the n	ew registered ag	ent and/o	r office:	
	Realstered	Agent Solution	ons. In	C.	
•		Name			
	155 Office	Plaza Dr.,»	Suite A		
-	Florida street add				
	Tallahas	see	FL.	32301	
	Cit	y, State and Zip	* ~		
6. Such change(s) is/as	re effective when filed by	the Florida Dep	artment (	of State.	
Signature of General P	•	<del></del>			
comply with the provis	pointment as registered a ions of all statutes relativ apticcept the obligations	ve to the proper a s of my position a	ınd comp	lete performe	I further agree to ance of my duties,
	Justine H Agent Assistant S				
Filing Fee: // Certified Copy (o)	\$35.00 ptional): \$52.50				
CALIBION CONT (A)	7 T-V-1411   PUMIDU				

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