## A94000000 846

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## Pepple Johnson Cantu & Schmidt Pllc

Lawyers

1900 SEATTLE TOWER BUILDING
1218 THIRD AVENUE
SEATTLE, WASHINGTON 98101
PHONE: (206) 625-1711 FAX; (206) 625-1627
www.pjcs.com

Jeffrey C. Steinert jsteinert@pjcs.com Direct Line: (206) 625-9984

Florida Office 25400 U.S. Highway 19 North, Suite 116

Clearwater, FL 33763 Phone: (727) 724-8585 Fax: (727) 726-9272

> Paris, France Office 15 rue du Puits de l'Ermite 75005 Paris France

Phone: (206) 344-2654

July 11, 2005

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

Re: Quail Woods Associates, Ltd.

Schickedanz Bros - Palm Beach Ltd.

Dear Sir or Madam:

Enclosed for filing please find the original Certificate of Amendment to Certificate of Limited Partnership for the above-referenced entities. I've included our check in the amount of \$105,00 to cover the filing fee.

I've also enclosed for filing the original Limited Partnership Statement of Change of Registered Office or Registered Agent, or both, also for the above-referenced entities.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Administrator

## 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 SCHICKEDANZ E	BROS - PALM BEACH LTD.				
*· <u> </u>	Name of the limited partnership				
2. June 23, 1994 Date of filing/regist	ration in Florida  3. A9400000840  Document number assigned	ed			
4. The name of the regis Department of State:	stered agent and the registered office address as shown on the CT Corporation System	record	ls of the l	Florida	3
	Name 1200 South Pine Island Road	\$1. 10.			
	Address	-	ALI ASE	05	
	Plantation, FL 33324		_ <b>.</b> _A_€		
	City, State and Zip		ASS	L 12	erita. Fritza
5. The name and addres	s of the new registered agent and/or office:		光光	. P.	
D	avid O. Cantu	?		2:0	V.
2!	Name 5400 U.S. Highway 19 North, Suite 116		ATE RIDA	10	
<del>-</del>	Florida street address (P.O. Box not acceptable)				
Cl	earwater <sub>FL</sub> 33763	_			
SP Live Oak LLC liability compa	1 d				
Signature of General Partner					
with the provisions of a familiar with and accept	) li=	of my docum	duties, a ient is be	nd I a ing file	ım ed

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