

A94000001862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

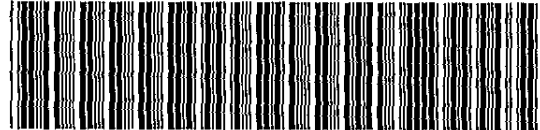
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TAMPA OFFICE
2700 BANK OF AMERICA PLAZA
101 EAST KENNEDY BOULEVARD
P.O. BOX 1102 (33601)
TAMPA, FLORIDA 33602-5150
TELEPHONE (813) 223-7474
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Attorneys At Law

PLEASE REPLY TO

TAMPA

ST. PETERSBURG OFFICE
BANK OF AMERICA TOWER
200 CENTRAL AVENUE, SUITE 1230
ST. PETERSBURG, FLORIDA 33701
TELEPHONE (727) 898-7474
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October 31, 2002

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

***Via Certified Mail / Return Receipt
Requested 7002 0860 0008 6577 8237***

RE: Peacock Family Limited Partnership
Our File No. 02-2193

Dear Madam or Sir:

Enclosed for filing with respect to the above-referenced entity is an original and a copy each of the following documents:

1. Certificate of Amendment to the Certificate of Limited Partnership
2. Statement of Change of Registered Office and Agent
3. Uniform Business Report

Also enclosed is check no. 334 payable to the Department of State in the amount of \$1,013.78. A breakdown of the filing fees is as follows: Certificate of Amendment - \$52.50; Change of Registered Agent - \$35.00; UBR - \$926.25 (filing fee: \$437.50, supplemental fee: \$88.75; late fee: \$400 = \$926.25).

Please acknowledge receipt of this letter and its enclosures by placing your receiving stamp on the duplicate copies of the enclosed documents and returning them to the undersigned in the enclosed self-addressed, postage pre-paid envelope. If you have any questions regarding the filings, I can be reached at (813) 202-7822.

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tara McManus".

Tara McManus

Enclosures
/tm

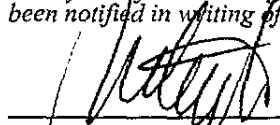
**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

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. Peacock Family Limited Partnership
Name of the limited partnership
2. December 29, 1994 3. A94000001862
Date of filing/registration in Florida 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:
Sherwin P. Simmons
Name
200 South Biscayne Blvd., 41st Floor
Address
Miami, Florida 33131
City, State and Zip
5. The name and address of the new registered agent and/or office:
J. Eric Taylor
Name
101 E. Kennedy Blvd., Suite 2700
Florida street address (P.O. Box not acceptable)
Tampa, FL 33602
City, State and Zip
6. Such change(s) was/were authorized by the general partners.


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.


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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TALLAHASSEE FLORIDA
SECRETARY OF STATE