Daytime Phone #

**SIGNATURE:** 

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DOCUMENT # A9500000000 FILED  EXCEL BUILDING, LTD.  OD JAN 27 PM 3: 22					FILED	
EXCEL BUILDING, LTD.					00 JAN 27 PM 3: 22	
Principal Place of Business  3202 SAWGRASS VILLAGE CIRCLE  PONTE VEDRA BEACH FL 32082  Mailing Address  3202 SAWGRASS VILLAGE CIRCLE  PONTE VEDRA BEACH FL 32082  PONTE VEDRA BEACH FL 32082					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	. •					
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State City & State		City & State			4. FEI Number 59-3285690 Applied For Not Applicab	
Zip Country		Zìp	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		I .	7. Name and Address of New Registered Agent	
				Name		
BARTLETT, BARON 50 HIGHWAY A1A #103				Street Address (P.O. Box Number is Not Acceptable)		
PONTE VEDRA BEACH FL 32082						
				City FL Zip Code		
8. The above	named entity submits this statement	for the purpose of changing its	register	red office or registe	tered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registere	ed Agent signature require	ired when reinstating) DATE	
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF ST SEE REVERSE SIDE FOR FEE INFORMA						
	A GENERAL PARTNER	THAT IS A BUSINESS EN	TITY M	UST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNI		13.		ADDRESS CHANGES ONLY	
DOCUMENT#	P94000080516		STR	EET ADDRESS		
STREET ADORESS CITY-ST-ZIP	3202 SAWGRASS VILLAGE CIR PONTE VEDRA BEACH FL 3200	COAST DEVELOPMENT GROUP, INC. SAWGRASS VILLAGE CIRCLE		Y-ST-ZIP	<b>400003118334</b> 2 -02/01/0001066003	
DOCUMENT#		**************************************	STR	REET ADDRESS	****526,25 *****526.25	
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZBP		
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DOCUMENT #			STR	REET ADDRESS L	L	
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP		
14. I hereby of indicated the receive	certify that the information supplied with on this report is true and accurate and record to trustee empowered to execute the execute the trustee empowered to execute the trustee empowered to execute the trustee empowered to execute the execute the trustee empowered to execute the execute t	In this filing does not qualify for ad that my signature shall have this report as required by Chap	r the exe the same ter 620,	emption <b>Bryan</b> u Jak Briggo Offest <b>9E</b> Horida Statute Ge	Sendon President of Figure Statutes I further certify that the information reference to the limited partnership eneral Partner  oneral Partner  y is not a general partner)	