

A95000000226

Requestor's Name  
2901 W. SR434 #141  
Address  
Longwood, FL 32779  
City/State/Zip Phone #

300002836323--9  
-04/12/99--01104--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED  
99 APR 12 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

A95-224

Name	_____
Availability	_____
Document	_____
Examiner	_____
Updater	_____
Updater	_____
Verifier	_____
Acknowledgment	_____
W. P. Verifier	_____

**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. UNIBILT/TUSKA ASSOCIATES, LTD.

Name of the limited partnership

2. 02/15/1995

Date of filing/registration in Florida

3. A95000000226

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:

GARY SINGER

Name

6305 WESTWOOD BLVD., SUITE 200

Address

ORLANDO, FL 32821

City, State and Zip

5. The name and address of the new registered agent and/or office:

GARY SINGER

Name

2901 W STATE ROAD 434, SUITE 141

Florida street address (P.O. Box not acceptable)

LONGWOOD, FL 32779

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

  
Signature of General Partner

GARY SINGER

PRESIDENT OF UNIBILT DEVELOPMENT CO. 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

GARY SINGER

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00

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99 APR 12 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA