

A9500000073Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

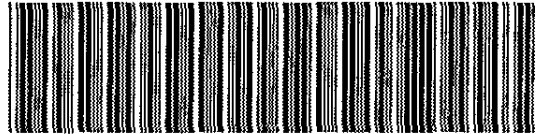
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dunnellon Plaza Limited Partnership  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A9500000732

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:

Randy Buss

(Contact Person)

Heritage Management Corp

(Firm/Company)

2605 SW 33<sup>rd</sup> St, Bldg 200

(Address)

Ocala, FL 34474

(City, State and Zip Code)

For further information concerning this matter, please call:

Randy Buss

(Name of Contact Person)

at ( 352 ) 369-9881

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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.

1. Dunnellon Plaza Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 5/8/95 3. A95000000732  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

James E. Day  
Name  
2605 SW 33<sup>rd</sup> St, Bldg 200  
Address  
Ocala FL 34474  
City, State and Zip

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

Tim Neal  
Name  
3300 N. Federal Highway, Suite 250  
Florida street address (P.O. Box not acceptable)  
Fort Lauderdale FL 33306  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
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 an accept the obligations of my position as registered agent.*

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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