

# A95000001675

REALTY INVESTMENTS

WHISPERING CORPORATE PLAZA  
3195 N. POWERLINE ROAD, # 105E  
POMPANO BEACH, FLORIDA • 33069

City/State/Zip

Phone #

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 #)

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-07/03/00--01099--021  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
00 JUL -3 AM 9:40  
TALLAHASSEE, FLORIDA  
STATE

mt  
7/18

Examiner's Initials

**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. LWOD, LTD.  
Name of the limited partnership

2. 7-17-95  
Date of filing/registration in Florida

3. A95000001075  
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:

PASTERNAK, MARSHALL R  
Name  
1221 BRICKELL AVENUE, 21<sup>ST</sup> FLOOR  
Address  
MIAMI, FL 33131  
City, State and Zip

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

SCOTT BRENNER  
Name  
3195 N. POWERLINE RD STE 104  
Florida street address (P.O. Box not acceptable)  
POMPANO BEACH FL 33069  
City, State and Zip

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

[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 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]  
Signature of Registered Agent

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