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SECREJARY OF STATE TALEAHASSEE, FLORIDA

C. LEWIS

JAN 2 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FIP V LTD Name of Limited Partnership or Limit			
Name of Limited Partnership or Limit	ed Liability Limited 1	Partnership	
DOCUMENT NUMBER: A 95 ゆかめ			
The enclosed Statement of Change of Registered Offee(s) are submitted for filing.	ffice and/or Regis	tered Agent and	
Please return all correspondence concerning this ma	atter to:		
George A. Morgan, Jr.			
Contact Person			
Morgan Property Group, LLC			
Firm/Company			
450 E. Las Olas Blvd., Suite 730			
Address			
Fort Lauderdale, FL 33301			
City, State and Zip Code	·······		
cfrye@morganpg.com			
E-mail address: (to be used for future annual report notif	ication)		
For further information concerning this matter, plea	se call:		
Catherine Frye at (704	909-4507	
Name of Contact Person Are	a Code and Daytime	Telephone Number	
Enclosed is a \$35.00 check made payable to the Flo	rida Department o	of State.	
STREET ADDRESS:	MAILING ADI	RESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	PhO. Box 6327		
2661 Executive Center Circle	Tallahassee, FL	32314	
Tallahassee, FL 32301			

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	PIP V LTD					
Na	ame of Limited Partnership or Lim	ited Liability	Limited Partne	rship		
2. 69/	105/1995	3	A9500	b\$\$\$	132	8
Date of filin	g/registration in Florida		Florida docu	iment number	5	_
4. The name of the re Department of State:	egistered agent and the registered o	office address	as shown on th	ie records of t	he Florid	la
	George A. M	lorgan, Jr.	·	_		
	Nam			_		
	300 S.E. Second S	Street, Sui	te 880			
	Addre			_		
	Fort Lauderdal	e, FL 333	01			
	City, State	and Zip		~-	₹	ŗ
5. The name and Flo	orida street address of the new regis	tered agent a	nd/or office:		SECR	
	George A. M	organ, Jr.		_	AST.	
	Nam	e			RY YS	
	450 E. Las Olas B	Blvd., Suite	₹730			
	Florida street address (P.C). Box not ac	ceptable)	_	STA STA	
	Fort Lauderdale	F	EL 33301		20°	
	City, State	and Zip		-	•	
6. Such change(s) is	/are effective when filed by the Flo	rida Departn	ent of State.			
Per To						
Signature of General	Partner					
comply with the prov	ppointment as registered agent and isions of all statutes relative to the han accept the obligations of my p	proper and o	complete perfor			
Signature of Register	ot Agent					
Filing Fee: Certified Copy (\$35.00 ontional): \$52.50					
Columned Conv. (JULIUHALI. JJA.JV					