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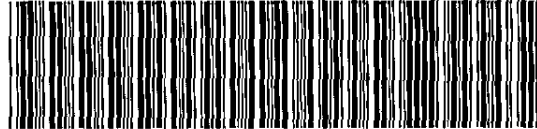
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 3, 2005

PATRICIA L. JOHNSON  
14048 CASTLE HILL WAY  
FORT MYERS, FL 33919

SUBJECT: ALBA LIMITED PARTNERSHIP  
Ref. Number: A95000001853

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for ALBA LIMITED PARTNERSHIP, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 305A00066047

**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. Alba Limited Partnership

Name of the limited partnership

2. 12-1-95  
Date of filing/registration in Florida

3. A0000001853 A95000001853  
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:

Allen H. Johnson

Name

14048 Castle Hill Way

Address

Fort Myers, FL 33919

City, State and Zip

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

Patricia L. Johnson

Name

14048 Castle Hill Way

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

Fort Myers, FL 33919

FL

City, State and Zip

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

  
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 of Registered Agent

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**

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