

A96 000000 429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

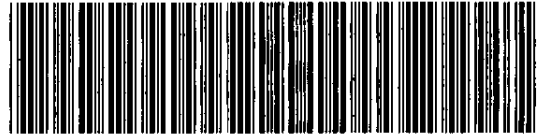
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100161755631

10/19/09--01070--018 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 OCT 19 PM 12:36

FILED

T. CLINE

OCT 20 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CORKSCREW VILLAGE PARTNERS, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A96000000 429

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:

Maggie Dillman  
Contact Person

North American Properties  
Firm/Company

212 East Third Street, Suite 300  
Address

Cinti OH 45202  
City, State and Zip Code

maggie.dillman@naproperties.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maggie Dillman at (513) 719-4277  
Name of Contact Person 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

FILED  
2009 OCT 19 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. CORKSCREW VILLAGE PARTNERS, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 3/1/1996 3. A96000000429  
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:

Susan M. Sprehn  
Name  
7500 College Parkway  
Address  
FT Myers, FL 33907  
City, State and Zip

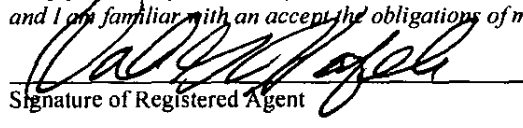
5. The name and Florida street address of the new registered agent and/or office:

Dale G. Hafele  
Name  
7500 College Parkway  
Florida street address (P.O. Box not acceptable)  
FT Myers FL 33907  
City, State and Zip

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

  
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.*

  
Signature of Registered Agent

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 OCT 19 PM 12:36

FILED