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(Requestor's Name)						
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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corpora				,		
SUBJ	JECT:	Α	rbor V	iew, Li	td		
	Name of l	Limited Partnership	p or Limi	ted Liabili	ty Limited Partnership		
DOCUMENT NUMBER:			A96000000837				
	nclosed Statement of o are submitted for filir	-	stered C	office and	d/or Registered Agent and		
Please	e return all correspond	ence concerning	g this m	atter to:			
	Gregory	A. Erdman			_		
	Cont	act Person					
	Arbor	View, Ltd			_		
	Firm/	Company					
	P. O.	Box 1318					
	Α	ddress			_		
	Firm/Company P. O. Box 1318 Address Bonita Springs, FL 34133 City, State and Zip Code GERDMANGEP@AOL.COM						
	City, State	and Zip Code		•	_		
	Contact Person Arbor View, Ltd Firm/Company P. O. Box 1318 Address Bonita Springs, FL 34133 City, State and Zip Code GERDMANGEP@AOL.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Gregory A. Erdman at (239) 495-1419						
E	E-mail address: (to be used	for future annual r	eport not	ification)			
For fu	urther information con	cerning this ma	tter, ple	ase call:			
			at (239	,		
	Name of Contact Person	n	Ar	ea Code a	nd Daytime Telephone Number		
Enclo	osed is a \$35.00 check	made payable to	o the Fl	orida De	partment of State.		
STRI	EET ADDRESS:			MAIL	ING ADDRESS:		
	tration Section			Regist	ration Section		
	ion of Corporations				on of Corporations		
	n Building	_			Box 6327		
	Executive Center Circ	le		Tallah	assee, FL 32314		
lalla	hassee, 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		/iew, Ltd		
	Name of Limited Partnership or Lin	nited Liability	Limited Partnership	
2	5/1/1996 ₃ A960000008			
Date of fi	Date of filing/registration in Florida		Florida document number	
4. The name of th Department of Sta	e registered agent and the registered te:	office address	as shown on the records of the Fl	orida
	Gregory A	. Erdman		
	Nar			
	1004 Collier Cente	er Way Sui	ite_102	
	Add	ress		
	Naples, Flo	rida 34110		
	City, State	e and Zip		(
5. The name and I	Florida street address of the new reg	istered agent an	nd/or office:	09 JUL 20
	Gregory A	. Erdman		
	Nar	me		õ
	3401 Pelican Landin	ig Parkway	Suite 2	AMII: 07
	Florida street address (P	O. Box not acc	ceptable)	==
	Bonita Springs	F	L 34134	H: 07
	City, State		<u></u>	i. F
6 Such change(s)	is/are effective when filed by the Fl	lorida Denortma	ent of State	
~ ^				
	- Prus. of A	por ni-	J Fuc, Ol	
Signature of Gener	al Partner			
I hereby decept the	appointment as registered agent ar	id agree to act	in this capacity. I further agree t	lo
comply with the pr	ovisions of all statutes relative to the	e proper and co	emplete performance of my duties	ī,
ana i am jamiliar i	with an accept the obligations of my	position as reg	nstered agent.	
_//				
Signature of Regis	tered Agent			
Filing Fee:	\$35.00 (optional): \$52.50			
Certified Copy	(optional). \$34.30			