

A96000001303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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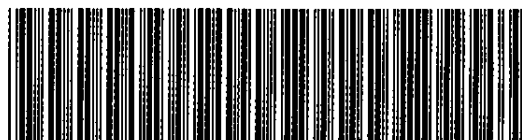
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 23 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AIRPORT ROAD LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A96000001303

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:

John Parrish, Esq.

Contact Person

Parrish White & Lawhon, PA

Firm/Company

3431 Pine Ridge Road, Suite 101

Address

Naples, FL 34109

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Parrish

at ( 239 ) 566-2013

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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. AIRPORT ROAD LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/08/1996  
Date of filing/registration in Florida

3. A96000001303  
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:

Janet Aronoff  
Name  
3431 Pine Ridge Road, Suite 101  
Address  
Naples, FL 34109  
City, State and Zip

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

John Parrish, Esq.  
Name  
3431 Pine Ridge Road, Suite 101  
Florida street address (P.O. Box not acceptable)  
Naples FL 34109  
City, State and Zip

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

[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.*

[Signature]  
Signature of Registered Agent

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

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**12 JAN 20 PM 12:30**  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA