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B. KOHR  
JAN 28 2008  
EXAMINER

FILED  
08 JAN 25 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 413912 7628966

AUTHORIZATION :

COST LIMIT : \$ 35,000

FILED  
08 JAN 25 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : January 23, 2008

ORDER TIME : 9:19 AM

ORDER NO. : 413912-135

CUSTOMER NO: 7628966

CHANGE OF AGENT

NAME: UCF ASSOCIATES, LIMITED  
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX        PLAIN STAMPED COPY

CONTACT PERSON: Kathy Drake -- EXT# 2959

EXAMINER: \_\_\_\_\_

**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. UCF ASSOCIATES, LIMITED PARTNERSHIP**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 07/30/1996**

Date of filing/registration in Florida

**3. A96000001416**

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:

Walter E. Mackoul, Esq.

Name

7883 S.E. Myroca Lane

Address

Hobe Sound, FL 33455

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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.*

**Corporation Service Company**

By: 

Signature of Registered Agent

Sylvia Queppet, Asst. VP

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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