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WJH

Examiner's Initials

Office Use Only

CORI	PORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):	🗠
ı <i>4</i>	196 - 1596 (Corporation Name)	(Document #)	
2			-
_·	(Corporation Name)	(Document #)	<u>.</u>
3	(Corporation Name)	(Document #)	-
4	(Corporation Name)	(Document #)	-
	Walk in Pick up time _	Certified Copy	
	Mail out Will wait	Photocopy Certificate of St	atus
NE O	W FILINGS Profit Not for Profit Limited Liability Domestication	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	SEGRETARY OF STADIVISION OF CORFORAL
<u>от</u>	Other HER FILINGS	REGISTRATION/QUALIFICATION	TIONS .
	Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	

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. Executive LAND Parners Ltd.		
Name of the limited partnership		<u> </u>
2. 8/23/96 Date of filing/registration in Florida 3. A90 0000 1590 Document number assigned	···	
4. The name of the registered agent and the registered office address as shown on the records Department of State:	of the	Florida
Pembroke Pines, Fr 33029		
<u>Fembroke Pines</u> Fr 33029 City, State and Zip		: ====
5. The name and address of the new registered agent and/or office:	AON 66	DIVISION
John F. HEGGY Name		2
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6710 MAIN ST. SUITE 233	**	유 <u>구</u> 한
Florida street address (P.O. Box not acceptable)		
Mirmi Lakes, FL 33014 City, State and Zip	AM 10: 38	
6. Such change(s) was/were authorized by the general partners.		<u></u>
2		
Chy Thy		
Signature of General Partner Toire F. HEGGY VP Executive Land Pathers, Inc. as General Partner I hereby accept the appointment as registered agent and agree to act in this capacity. I further a with the provisions of all statutes relative to the proper and complete performance of my dufamiliar with and accept the obligations of my position as registered agent. Or, if this document merely to reflect a change in the registered office address, I hereby confirm that the limited p been notified in writing of this change.	ties, ar	id I am
Man		
Signature of Registered Agent		
organization registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00