Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110003042703)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

PH 3: 01 11 DEC 29

REGISTERED AGENT CHANGE EDECADE GULFCOAST HOTEL PARTNERS LIMITED **PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

J. SAULSBERRY **EXAMINER**

<u>ф</u>

ယ

DEC 3 0 MAG

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

12/29/2011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DECADE GULFCOAST HO	TEL PARTNERS LIMITED PARTNI	ERSHIP
	or Limited Liability Limited Partnersh	
DOCUMENT NUMBER:	A96000001601	
The enclosed Statement of Change of Regist fee(s) are submitted for filing.	ered Office and/or Registered A	gent and
Please return all correspondence concerning	this matter to:	
Michael Sweet		
Contact Person		201 SE TAL
Decade Group		
Firm/Company		F I DEC
13555 BISHOPS COURT SUITE 34	is ·	IC 29
Address	——————————————————————————————————————	SE S
BROOKFIELD WI 53005		
City, State and Zip Code		
•		8: 31 RAIE ORID
msweet@decadegroup.com E-mail address: (to be used for future annual re-		<u> </u>
E-man address: (to be used for many annihit tel	on nouncation)	t _{>}
For further information concerning this matter	er, please call:	
Michael Swoot	at (262) 797-92	215
Name of Contact Person	Area Code and Daytime Telephor	ne Number
Enclosed is a \$35.00 check made payable to	the Florida Department of State	
STREET ADDRESS:	MAILING ADDRESS	:
Registration Section	Registration Section	
Division of Corporations	Division of Corporation	s
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

INHS04 (01/06)

Tallahassee, 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.

	CADE GULFCOAST HOTEL F				
2.	08/26/1996	3.	A96000001601		
Date of filin	ng/registration in Florida	• • •	Plorida document numbe	T	
4. The name of the r Department of State:	registered agent and the registere	d office address	as shown on the records of	the Florida	
	NAPLES-LA	WDOCK, INC.			
	N	TU 6			
	1395 PANTHER	LANE SUITE 3	800		
	Ad	iress 7	· · · · · · · · · · · · · · · · · · ·		
	naples f	L 34109 US			
	City, Sta	te and Zip	<u> </u>	7 × ×	
5. The name and Flo	orida street address of the new re-	gistered agent as	nd/or office:		
	С Т Согрод	ation System		DEC AHA	~7
	Nı	ame		29 (AR) (SSE	(
	1200 South Pi	ne Island Road		H C))
	Florida street address (I	P.O. Box not acc	eptable)	E E	
	Plantation,	F	L 33324	ලිපු ශ	15 Aure
	City, Sta	to and Zip		<u> </u>	
5. Such change(s) is	ere effective when filed by the F	lorida Departm	ent of State.		
Signature of General	Partner				
Aichael Sweet, Sccre I hereby accept the a comply with the prov	tary of JK Investments of ppointment as registered agent a distant of all statutes relative to the than accept the obligations of m	he proper and a	omplese performance of my o		
Signature of Register	red Agent Release	a Ba	xh		

Filing Fee:

Certified Copy (optional): \$52.50

\$35.00