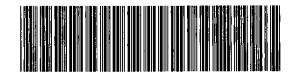
A96000001635

_					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
,					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700210419457

08/03/11--01028--004 **35.00

SECRETARY OF STATE

AUG -3 AH & LS

T. CLINE.

AUG - 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Cit	tadel Partners, LTD				
Name of Limited Partner	ship or Limited Liability Limited Partnership				
DOCUMENT NUMBER: A9600001635					
The enclosed Statement of Change of Refee(s) are submitted for filing.	gistered Office and/or Registered Agent and				
Please return all correspondence concern	ing this matter to:				
Arthur E Grindle, Jr.					
Contact Person					
Grindle Management Comp	any, Inc.				
Firm/Company					
9951 Skylark Lane					
Address	A C				
Groveland, FL 34736					
City, State and Zip Code					
•	₩				
betsygrindle@comc E-mail address: (to be used for future annua					
For further information concerning this n	natter, please call:				
Arthur E Grindle, Jr.	→ • • • • • • • • • • • • • • • • • • •				
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:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P. O. Box 6327				
2661 Executive Center Circle	Tallahassee, FL 32314				
Tallahassee FI 32301					

INHS04 (01/06) .

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	Citadel Partr	ners, LT	D	
Na	me of Limited Partnership or Limite	d Liability	Limited Partnership	
2.	8/29/1996	3.	A960000016	335
	/registration in Florida	-	Florida document nu	ımber
4. The name of the re Department of State:	gistered agent and the registered of	ice address	as shown on the record	ls of the Florida
	Arthur E G	rindle		
	Name			
	1147 Barnacle	Terrace		
	Address	3		
	The Villages, f			
	City, State ar	nd Zip		12:0 F3
5. The name and Flor	rida street address of the new registe	red agent ar	nd/or office:	ALL
	Arthur E Grir	idle, Jr.	** '	AUG:
	Name			AUG -3 AM E RETARY OF ST AHASSEE.FLO
	9951 Skylar	k Lane		
	Florida street address (P.O.	Box not acc	ceptable)	LOSTA STA
	Groveland	F	L34736	
	City, State ar	nd Zip		·-
6. Such change(s) is/s	are effective when filed by the Flori	da Departm	ent of State.	
1 15	9 11			
Signature of General	Partner			
I hereby accept the ap	ppointment as registered agent and c	agree to act	in this capacity. I furt	her agree to
comply with the provi	sions of all statutes relative to the p I an accept the obligations of my po	roper and co sition as res	omplete performance o pistered avent	f my duties,
	La I	om as re	sioner ou agerri	
Signature of Registers	ed Ageny			
	-			
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50