A97000001084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B. KOHR
OCT 13 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 12 AM 9:54

SUBJECT: The Estates at TwinEagles Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A97000001084

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:

Diane Murray
Contact Person

Bonita Bay Group
Firm/Company

9990 Coconut Road Ste 200
Address

Bonita Springs, FL 34135
City, State and Zip Code

dianem@bonitabaygroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Murray at (239) 390-1257
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

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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. The Estates at TwinEagles Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

2. 3/11/2009
Date of filing/registration in Florida

3. A97000001084
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:

Scott R. Whitney
Name

9990 Coconut Road Ste 200
Address

Bonita Springs, FL 34135
City, State and Zip

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

Gary Dumas
Name

9990 Coconut Road Ste 200
Florida street address (P.O. Box not acceptable)

Bonita Springs FL 34135
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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

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