

A97000001371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

A97-1371  
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PREPPIES IV, LTD.  
(Name of corporation)

**DOCUMENT NUMBER:** A97000001371

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CYNTHIA K. SUTHERLAND, PARALEGAL  
(Name of person)

BROAD AND CASSEL  
(Name of firm/company)

ONE NORTH CLEMATIS STREET #500  
(Address)

WEST PALM BEACH, FL 33401  
(City/state and zip code)

For further information concerning this matter, please call:

Cynthia K. Sutherland, Paralegal at ( 561 ) 832-3300  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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. PREPPIES IV, LTD.

Name of the limited partnership

2. 06/20/1997

Date of filing/registration in Florida

3. A97000001371

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

EILEEN LEVIN

Name

518 NORTH RIVERPOINT DRIVE

Address

STUART, FL 34994 US

City, State and Zip

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

PATRICIA LEBOW, P.A.

Name

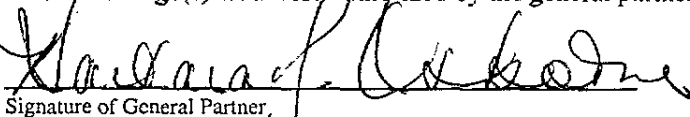
ONE NORTH CLEMATIS STREET, SUITE 500

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

WEST PALM BEACH FL 33401

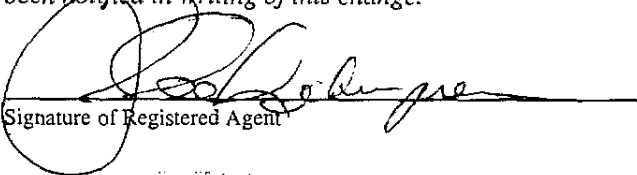
City, State and Zip

6. Such change(s) was/were authorized by the general partners.



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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*



Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY - 6 PM 11:32

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