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To:

Division of Corporations

Fax Number

: (850)617~6380

From:

: LEO J. SALVATORI Account Name

Account Number : 120030000112

: (239) 263-1480 Phone

Fax Number : (239) 649-0158

TERRY41 LIMITED PARTNERSHIP

Certificate of Status	1
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FLORIDA DEPARTMENT OF STATE
Division of Compositions

LEO J. SALVATORI

December 14, 2007

SUBJECT: TERRY41 LIMITED PARTNERSHIP

REF: A97000002580

ON OF COUNTRIONS

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The change of agent form is a seperate form and has to be filed under seperate fax cover page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #:

Letter Number: 107A00070035

P.O BOX 6327 - Tallahassec, Florida 32314

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Terry41 Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A97000002580

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:

Blake W. Kirkpatrick, Esq.

(Contact Person)

Salvatori & Wood, P.L.

(Firm/Company)

4001 Tamiami Trall North, Sulte 330

(Address)

Naples, FL 34103

(City, State and Zip Code)

For further information concerning this matter, please call:

Blake W. Kirkpatrick

239

· 263-1480

(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

Tailahassee, FL 32301

INHS04 (01/06)

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327

Tallahassec, FL 32314

(((H070003001663)))

(((H07000300166 3)))

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.

change its registe	red office or registered agent, or	both, in the state of Florida.
L Terry41 L	Imited Partnership	· ·
	Name of Limited Partnership or Lin	nited Liability Limited Partnership
_{2,} 12/01/1999		3. A97000002580
Date of filing/registration in Florida		Florida document number
4. The name of the Department of Stat		office address as shown on the records of the Flori
	Stephanle J. Ligget	t
	Nam 27160 Bay Landing	,
	Add	CSS
	Bonita Springs, FL	34135
	City, State	and Zip
5. The name and F	lorids street address of the new regi	stered agent and/or offloe;
	Salvatori & Wood, F	P.L.
	Nez	
	4001 Tamlami Trail	North, Suite 330
	Piorida street address (P.	O. Box not acceptable)
	Naples	FL 34103
	City, State	
11/	Stare effective when filed by the Pi	orida Department of State.
Signature of Coner	al Partner	•
comply with the pr	appointment as registered agent ar ovisions of all statutes relative to th rith an accept the obligations of my	id agree to act in this capacity. I further agree to s proper and complete performance of my duties, position as registered agent.
Signature of Regis	tered Agent	
Filing Fee:	\$35.00	

DIVISION OF CORPORATION OF OFC 17 NM 9: 3

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Certified Copy (optional): \$52.50