A97000026866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. HAWKES
DEC 02 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hickory Pointe, Ltd.
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A97000002686

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:

Jill M. Lager
(Contact Person)

Banyan Realty Advisors
(Firm/Company)

1665 Palm Beach Lakes Blvd., Suite 400
(Address)

West Palm Beach, FL 33401
(City, State and Zip Code)

For further information concerning this matter, please call:

Jill M. Lager at (561) 478-9800 x107
(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

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. Hickory Pointe, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/11/1997
Date of filing/registration in Florida

3. A97000002686
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:

Louis E. Vogt
Name

495 N. Keller Road, Suite 301
Address

Maitland, FL 32751
City, State and Zip

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TALLAHASSEE, FLORIDA

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

Louis E. Vogt
Name

501 N. Magnolia Avenue
Florida street address (P.O. Box not acceptable)

Orlando FL 32801
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Louis E. Vogt
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.

Louis E. Vogt
Signature of Registered Agent

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