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December 18, 1998

Via Federal Express AWB#808273659675

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: Hill Family Partnership, Ltd.

Gentlemen:

Enclosed please find original and one copy of Statement of Change of Registered Office or Registered Agent, or Both for the above-captioned partnership, along with a check in the amount of \$35.00 representing the charge for filing this document.

Upon filing please return a date-stamped copy to our office in the enclosed stamped, self-addressed envelope.

If you have any questions regarding this matter, please contact the undersigned.

Very truly yours,

WILLIAM H. CAUTHEN, P.A.



William H. Cauthen

SECRET  
TALLAHASSEE, FLORIDA

98 DEC 21 PM 1:40

FILED

Name	
Availability	WHC/se
Document	Enclosures
Examiner	DCC
cc:	Lee H. Hill, Jr. (w/o enclosures)
Updater	
Updater	
Verifier	DCC
Action	DCC
W. P. Verifier	DCC

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**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. HILL FAMILY PARTNERSHIP, LTD.  
Name of the limited partnership

2. December 3, 1997  
Date of filing/registration in Florida

3. A97000002749  
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:

LEE H. HILL, JR.  
Name  
2602 SOUTH MacDILL AVENUE  
Address  
TAMPA, FL 33629  
City, State and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

LEE H. HILL, III  
Name  
2602 SOUTH MacDILL AVENUE  
Florida street address (P.O. Box not acceptable)  
TAMPA, FL 33629  
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

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00