

A980000000/04

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000135982970

09/18/08--01014--025 \*\*35.00

707

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT 10 PM 3:32

G. MCLEOD

OCT 13 2008

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: HANNIBAL SEVARE, LTD  
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A98000000104

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:

DAN BELLONS

(Contact Person)

~~PO BOX 350~~ HANNIBAL SEVARE, LTD

(Firm/Company)

~~WINTER PARK~~ PO BOX 350

(Address)

WINTER PARK, FL 32790-0350

(City, State and Zip Code)

For further information concerning this matter, please call:

DAN BELLONS

(Name of Contact Person)

at ( 407 ) 644-3151

(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. Hannibal Square, Ltd  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1-12-98 3. A98000000104  
Date of filing/registration in Florida 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:

LARA MOA  
Name  
533 W NEW ENGLAND AVE  
Address  
WINTER PARK, FL 32789  
City, State and Zip

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

DANIEL B. BELLONS  
Name  
533 W NEW ENGLAND AVE, SUITE C  
Florida street address (P.O. Box not acceptable)  
WINTER PARK FL 32789  
City, State and Zip

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

[Signature]  
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.*

[Signature]  
Signature of Registered Agent

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT 10 PM 3:32