(F	Requestor's Name)
	,
(1	Address)
(7	ruuress)
(/	Address)
	7: 40: 40: 40
(0	City/State/Zip/Phone #)
_	
PiCK-UP	WAIT MAIL
· · · · · · · · · · · · · · · · · · ·	
(t	Business Entity Name)
(Ľ	Document Number)
	-
Certified Copies	Certificates of Status
Special Instructions t	o Filina Officer:

A. LUNT

AUG 18 2008

EXAMINER

Office Use Only



500134139145

08/11/08--01016--013 **35.00

COVER LETTER

Registration Section **Division of Corporations** SUBJECT: Osborne Landing, Ltd. (Name of Limited Partnership or Limited Liability Limited Partnership) DOCUMENT NUMBER: A98000000600 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: Kari Power (Contact Person) Saxon, Gilmore, Carraway, Gibbons, Lash & Wilcox, (Firm/Company) 201 E. Kennedy Blvd., Suite 600 (Address) Tampa, FL 33602 (City, State and Zip Code) For further information concerning this matter, please call: at (813) 314-4546
(Area Code and Daytime Telephone Number) Kari Power (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Florida Department of State. **MAILING ADDRESS:** STREET ADDRESS: Registration Section **Registration Section Division of Corporations Division of Corporations**

P. O. Box 6327

Tallahassee, FL 32314

INHS04 (01/06)

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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 registered	ornee or registered agent, or	both, in the state of Florida.		
_{1.} Osborne La				
Na	me of Limited Partnership or Lin	nited Liability Limited Partnership		
_{2.} March 4, 1998		3. A9800000600 Florida document number		
Date of filing	registration in Florida	Florida document	number	
4. The name of the re Department of State:	•	office address as shown on the reco	SEC SEC SEC	
	Nar		亲后 등	
	4909 S. Westshore	Blvd.	AUG 11 RETARY O	
	Add	ress		
	Tampa, FL 33611		113 125 137 18	
	City, State	and Zip	: 52	
5. The name and Flor	ida street address of the new reg	istered agent and/or office:	> 10	
	Bernice S. Saxon, I	Esquire		
	Nai	ne		
Saxon, Gilmore, Carraway, Gibbons, Lash & Wilcox, P.A., 201 E. Kennedy Blvd., Suite 600				
Florida street address (P.O. Box not acceptable)				
	Tampa	FL 33602		
	City, State	and Zip		
Signature of General I	•			
comply with the provi-	sions of all statutes relative to the an accept the obligations of my	nd agree to act in this capacity. I fi e proper and complete performance position as registered agent.	irther agree to e of my duties,	
Filing Fee: Certifled Copy (o	\$35.00			