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SAXON | GILMORE SAXON. GILMORE, CARRAWAY. GIBBONS. LASH & WILCOX. P.A. Attorneys and Counselors at Law SOUTHTRUST PLAZA
201 E. KENNEDY BLVD SUITE 600
TAMPA. FLORIDA 33602
phone 813.314.4500
fax 813.314.4555
www.saxongilmore.com

June 19, 2006

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Dakota Park Limited Partnership LLLP/Change of Registered Office and Agent

Our File No.: 37046.07020

Gentlemen:

Enclosed for filing is Statement of Change of Registered Office and Agent for the above-referenced entity. Also enclosed is a check in the sum of \$35.00 to cover cost of filing.

Sincerely,

Charlotte Barone,

Paralegal

cb

Enclosures

e:\lha\hopevi\letr\flsos061906changeresigeredagent.doc

Chartate Bane.

COLVISION OF CORPORATIONS

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

partnership or limited liabi	lity limited partnership	submits the following statement in order both, in the state of Florida.	to
, Dakota Park L	imited Partne	ership LLLP	
Name of L	imited Partnership or Lir	nited Liability Limited Partnership	
_{2.} March 6, 1998	}	_{3.} A9800000628	
Date of filing/registra	ation in Florida	Florida document number	
The name of the registered Department of State:	agent and the registered	office address as shown on the records of the	Florida
NR	Al Services,	Inc.	
	Nai	me	
273	1 Executive I	Park Drive, Suite 4	
	Add	ress	
We	ston, FL 3330	31	
	City, State		
5. The name and Florida stree	et address of the new reg	istered agent and/or office:	
Ber	nice S. Saxo	n, Esq.	
-	Nar	me	
201	E. Kennedy	Boulevard, Suite 600	7 NOC ana
	Florida street address (P	O. Box not acceptable)	Z .
Tan	nna	33602	-

City, State and Zip

change(s) is/are effective when filed by the Florida Department of State. C 2, Inc., Managing, General Partner

Signature of General Partner

Herbert Hernandez, President

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.

Signature of Registered Agent Bernice S. Saxon, Esq.

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50