

A98000001759

Florida Department of State
Division of Corporations
Public Access System

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(((H08000130415 3)))



H080001304153ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

REGISTERED AGENT CHANGE

ISAACSON ASSOCIATES PARTNERSHIP, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

FILED
08 MAY 15 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Help

T. HAMPTON

MAY 20 2008

Confirmation Report - Memory Sand

Time : May-15-08 02:01pm
 Tel line : 3025751642
 Name : THE WILLIAMS LAW FIRM PA

Job number : 958
 Date : May-15 02:00pm
 To : 918506176380
 Document pages : 02
 Start time : May-15 02:00pm
 End time : May-15 02:01pm
 Pages sent : 02
 Status : OK

Job number : 958
 Division of Corporations

*** SEND SUCCESSFUL ***

Page 1 of 1

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(((H08000130415 3)))

||||||| H080001304153AROW

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To: Division of Corporations
 Tax Number : (800) 617-2380
 From: Account Name : AGENTS AND CORPORATIONS, INC
 Account Number : 200010000512
 Phone : (302) 575-0872
 Fax Number : (302) 575-0825

REGISTERED AGENT CHANGE
 ISAACSON ASSOCIATES PARTNERSHIP, LTD.

Certificate of Status	8
Certified Copy	4
Page Count	01
Estimated Charges	\$35.00

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**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. ISAACSON ASSOCIATES PARTNERSHIP, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 7/23/1998

Date of filing/registration in Florida

3. A98000001759

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:

RESIGNED

Name

Address

City, State and Zip

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

AGENTS AND CORPORATIONS, INC.

Name

300 FIFTH AVENUE SOUTH, SUITE 101-330

Florida street address (P.O. Box not acceptable)

NAPLES

FL 34102

City, State and Zip

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

Barbara Dilheimer
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

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08 MAY 15 AM 8:46
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TALLAHASSEE, FLORIDA