

A99 000000106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

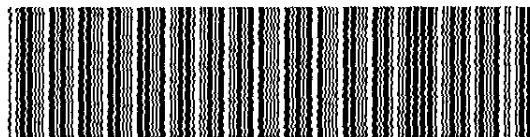
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400021264604

RECEIVED  
03 JUL -3 PM 2:42  
STATE  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

FILED  
03 JUL -3 PM 8:31  
TALLAHASSEE, FLORIDA

A99-106

CR



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 060925 7375564

AUTHORIZATION

*Patricia Pujols*

COST LIMIT : \$ 35.00

ORDER DATE : April 21, 2003

ORDER TIME : 12:18 PM

ORDER NO. : 060925-700

CUSTOMER NO: 7375564

CUSTOMER: Arthur L. Gallagher  
Equity One, Inc  
1696 N.e. Miami Gardens Drive

North Miami Bea, FL 33179

CHANGE OF AGENT

NAME: WALDEN WOODS VILLAGE, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUL -3 /4 8:31

FILED

**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. WALDEN WOODS VILLAGE, LTD.  
Name of the limited partnership

2. January 6, 1999 3. A99000000106  
Date of filing/registration in Florida 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:

Alan J. Marcus  
Name

20803 Biscayne Blvd., Suite 301  
Address

Aventura, FL 33180  
City, State and Zip

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

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box **not** acceptable)

Tallahassee FL 32301  
City, State and Zip

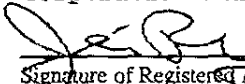
6. Such change(s) was/were authorized by the general partners.

Laura R. Dunlap  
Signature of General Partner

Laura R. Dunlap, Attorney in Fact

*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.*

Corporation Service Company

  
Signature of Registered Agent

**Jeanine Reynolds**  
**as its agent**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00

FILED  
JUL -3 AM 8:31  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA