

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : AARON A. FARMER, P.L

Account Number : I20070000090

Phone

: (239)262-2040

Fax Number

: (239)262-2180

REGISTERED AGENT CHANGE

EDWARD TOPPINO FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

1B

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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: EDWARD TOPPINO FAMILY LE	MITED PARTNERSHIP
(Name of Limited Partnership or Lin	ilted Liability Limited Partnership)
DOCUMENT NUMBER: A99000001053	· · · · · · · · · · · · · · · · · · ·
The enclosed Statement of Change of Register	red Office and/or Registered Agent and
fee(s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to:
Maria C. Ferrao	•
(Contact Person)	
Aaron A. Farmer, P.L.	. •
(Firm/Company)	
, , , , , , , , , , , , , , , , , , , ,	
720 Fifth Avenue South, Suite 21	<u> </u>
(Address)	
Naples, FL 34102	•
(City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
	•
For further information concerning this matter	, please call:
Maria C. Ferrao	262-2040
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the	e Florida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
266) Executive Center Circle	Tallahassee, FL 32314
Tallahassee FL 32301	

INFISO4 (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.

change its registere	d office or registered agent, or	both, in the state of Florida.		
LEDWARD	FOPPINO FAMILY L	IMITED PARTNERSHIP		
Na	ime of Limited Partnership or Li	nited Lizbility Limited Partnership		
2.6/25/99		3_A99000001053		
Date of filing/registration in Florida		Florida document number		
4. The name of the re Department of State:	egistered agent and the registered	office address as shown on the records of the Florida		
	Fowler White Bogg	s Banker PA		
Name				
5811 PELICAN BAY BLVD., SUITE 600				
Address				
Naples, FL 34108				
	City, State	and Zip		
5. The name and Florida street address of the new registered agent and/or office:				
	Aaron A. Farmer			
	Na	ne		
720 Fifth Avenue South, Suite 211				
Florida street address (P.O. Box not acceptable)				
	Naples	FL 34102		
	City, State	and Zip		
6. Such change(s) is/are effective when filed by the Florida Department of State.				
There I was a				
Signature of General I	artner			
comply with the provis	pointment as registered agent as sions of all statutes relative to the n an accept the obligations of my	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, position as registered agent.		
Signature of Registere	nd Agent	•		
Filing Fee:	\$35.00			