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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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Fax Number

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REGISTERED AGENT CHANGE DECADE HIGHLAND COMMONS LIMITED PARTNERSHIP

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## COVER LETTER

TO: Registration Section Division of Corporat	ions							
	ADE HIGHLAND (					<del>_</del>		
DOCUMENT NUMBER:				•	- -	<u>-</u> -		
The enclosed Statement of C fee(s) are submitted for filin		ered (	Office as	id/or Re	gistered Agent and			
Please return all correspond	ence concerning	this m	atter to	i				
	aci Sweet		,	_				
Conta	ct Person							
Deca	de Group			_		120	を見る	
Firm/0	Company		_			ŢĠ		
13555 BISHOPS	COURT SUITE 34	5				<del>Sami</del>	OEC	****
A	ddress			<del></del>		が当	N	Palata Part
BROOKE	ELD WI 53005					SH-K	9	*
	and Zip Code					11 C2		1
	•					E S	<b>QQ</b>	K a Marianta Marianta
E-mail address: (to be used	@decadegroup.com		ification		_	콜꼭	G)	
	L .					in the second	4.6	
For further information cond	this matte	r, pie	ase Ca11	:				
Michael Swee	t	at (	262		797-9215	_ <b>_</b> .		
Name of Contact Person		Ā	rea Code	and Dayt	ime Telephone Number			
Enclosed is a \$35,00 check	made payable to	the Fl	orida D	epartme	int of State.			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	<b>le</b>		Regis Divis P. O.	tration ( ion of C Box 63:	orporations			

INHS04 (01/06)

## LUMITED 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	DECADE HIGHLAND COMMO	NS LIMITEI	) PARTNERSHIP		
N	ame of Limited Partnership or Limi	ted Liability	Limited Partnership		
2	07/02/1999	3.	A9900001077		
Date of filin	g/registration in Florida		Florida document number	<del>- 4</del>	
4. The name of the r Department of State:	egistered agent and the registered o	ffice address	as shown on the records of the F	`lorida	
	NAPLES-LAWI	OCK, INC.			
	Name	2			
	1395 PANTHER LA	NE SUITE 3	00	Anne	
	Addre	55		₹ <u>0</u> 8	
	naples fl.	4109 US			
	City, State a	ınd 2ip		記る	أمزلأمي
5. The name and Flo	rida street address of the new regist	cred agent an	d/or office:	29 ARY (SSE	All water
	C T Corporation	n System		mo 🛌	
	Name	;	<del></del>		Pica-ser
	1200 South Pine	Island Road			3.00.1
	Florida street address (P.O	Box not acc	eptable)	5 m	
	Plantation,	FI	33324		
	City, State a	and Zip			
6. Such change(s) is	wre effective when filed by the Flor	ida Departme	nt of State.		
		<del></del>			
I hereby accept the ap comply with the provi	tary of IK investments Of oppointment as registered agent and isions of all stanues relative to the p h an accept the obligations of my pr	proper and co exition as reg	mplets performance of my duties	to s,	
William Vec	¢35 00				

Certified Copy (optional): \$52.50