

B000000000/93

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

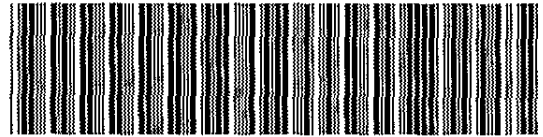
(Business Entity Name)

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DIVISION OF CORPORATION

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2002 DEC 10 PM 2:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC 10 2002

CT CORPORATION

December 10, 2002

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
2002 DEC 10 PM 2:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Order #: 5730827 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Bel-EQR I Limited Partnership (IL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at
(850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

FILED
2002 DEC 10 PM 2:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. Bel-EQR I Limited Partnership

2. 6/22/2000

3. B000000000193

Lexis Document Services

3953 W.W. Kelley Road

Tallahassee FL 32311

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

Paul Foreman
Signature of General Partner

Signature of General Partner

Date _____

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.


Registered Agent signature

Registered Agent signature

Date _____

Filing Fee: \$35.00

FLO46 - CT System Online