Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000304267 3)))



H110003042673ABCY

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) 617-6393

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

99.7			
Email	Address:		



REGISTERED AGENT CHANGE DECADE 80-XIV, A LIMITED PARTNERSHIP

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

C. LEWIS

DEC 3 0 2011

Electronic Filing Menu

Corporate Filing Menu

Help EXAMINER

COVER LETTER

TO;		tion Section of Corporations				
	DIAISION	of Corporations				
SUB.	TECT:	DECA				
		Name of Limited Pa	rtnership or Li	nited Liab	bility Lin	nited Partnership
DOC	UMENT !	NUMBER:	· ·	B0100	0000009	<u> </u>
		atement of Change of tted for filing.	f Registered	Office a	und/or F	Registered Agent and
Pleas	e return all	correspondence con	cerning this	matter to	o:	
		Michael Sweet			<u>_</u> _	
		Contact Person				
		Decade Group				
		Firm/Company				
	13	555 BISHOPS COURT	SUITE 345			
		Address				
		BROOKFIELD WIS	3005			
		City, State and Zip C	ode		_	
		msweet@decade;	group.com			
	-mail addres	s: (to be used for future	annual report n	xification	1)	
Por fi	urther infor	mation concerning t	his matter, p	ease cal	1:	
		Michael Sweet	at (262		797-9215
	Name of 0	Contact Person		trea Code	and Day	time Telephone Number
Enclo	sed is a \$3	5.00 check made pay	yable to the I	lorida I	Departm	nent of State.
STRI	EET ADD	RESS:		MAI	LING	ADDRESS:
	tration Sec					Section
	ion of Corp					Corporations
	n Building				. Box 6:	
		Center Circle		Talla	massee,	FL 32314
Tallal	hassee_FL	32301				

INHS04 (01/06)

FILED

2011 DEC 29 AM 8: 23

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP LAHASSEE, FLORIDA 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	DEC	ADE 80-XIV, A LI	MITED PARTN	ership	
· •	Name of Limite	d Partnership or Lim	ited Liability Li	mited Pertner	ship
2	03/15/2001		3.		0000094
ום	Date of filing/registration in Florida			Florida docu	neut number
4. The num Departmen	ne of the registered agen at of State:	and the registered	office address as	shown on the	records of the Florida
		NAPLES-LAW	DOCK, INC.		
	_	Nan	ic		•
		1395 PANTHER L	ANE SUITE 300)	
		Addre	:55		•
	_	naples fl	34109 US		
		City, State	and Zip		
5. The nan	ne and Florida street add	ress of the new regis	stered agent and/	or office:	
	-	C T Corporati	on System		
		Nam	¢		•
		1200 South Pine	Island Road		
	Florid	da street address (P.C). Box not accep	table)	
		Plantation,	FL	33324	
		City, State	and Zip		
6. Such ch	ange(s) is/are effective v	when filed by the Flo	rida Department	of State.	
يستسير					
Michael Sw I hereby ac comply with	of General Partner roet, forester, of Decade roeps the appointment as his provisions of all studies with an accept the	registered agent and atutes relative to the	proper and com	plete perform	I further agree to ance of my duties,
Signature o	of Rogistored Agent	Rebecca F	Barth		
Filing Fe Certified	e: Copy (optional):	\$35.00 \$52.50			