190100000422

(Red	questor's Name)	**************************************
(Add	dress)	<u></u>
(Add	dress)	
	·	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
	\mathcal{K}	
	Office Use Onl	v



100065347041

SECNERAL DE PH 4: 01

Coffee to the state of



A REMAICE COMPANY					
	ACCOUNT NO.	:	072100000	032	
	REFERENCE	:	813608	7516676	
	AUTHORIZATION	:	Localdo	on a	
	COST LIMIT	:	s/2000	e Ran	
ORDER DATE :	January 16, 2006		35.	W	A CONTROL OF THE PARTY OF THE P
ORDER TIME :	9:23 AM				Section 18
ORDER NO. :	813608-050				1957 07
CUSTOMER NO:	7516676				. Oct.
	CHANGE OF A	GEN	<u>nt</u>		
NAME:	GLEASON MALL,	LI	ıC		
PLEASE RETURN	THE FOLLOWING AS	PR	ROOF OF FIL	ING:	
	FIED COPY STAMPED COPY				
CONTACT PERSON	N: Heather Chapm	an			

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2006

CSC HEATHER CHAPMAN

SUBJECT: GLEASON MALL, LP Ref. Number: B01000000422 RESUBINITION Please give original please give original automission date as file dam.

We have received your document for GLEASON MALL, LP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$10.00.

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 806A00009863

06 FEB 22 AH II: 03

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.

1. GLEASON N	MALL, LP		
<u> </u>	Name of Limited Partnership	or Limited Liability Limited Partnership	
2. 12/12/2001		3. B01000000422	
Date of	filing/registration in Florida	Florida document number	
4. The name of the Department of St	the registered agent and the registate:	stered office address as shown on the records of the Flo	orida
	C T Corporatio System	مین درد. منت مسیر	THE TO PALE OF
		Name	8 7
	1200 South Pine Island Ro	oad	m 6
		Address	3 2 7
	Plantation, F L 33324	T. C.	1.0 F.
		, State and Zip	93 9
5. The name and	l Florida street address of the nev		<u></u>
	Corporation Service Comp	pany	
		Name	
	1201 Hays Street		
	Florida street addre	ess (P.O. Box not acceptable)	
	Tallahassee	FI 32301	
	City,	State and Zip	
6. Such change(s	s) is/are effective when filed by t	the Florida Department of State.	
	Cullen	•	
Signature of Gen	eral Partner		
Maureen Cullen	, Attorney in Fact on behalf of G	Gleason General Partner, Inc General Partner	
I hereby accept to	he appointment as registered age	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties,)
compty with the p and I am familia	r with an accept the obligations (to the proper and complete performance of my auties, of my nosition as revistered agent	
	vice Company	of my position as registered agent.	
By:	a dupos	<u>-</u>	
Signature of Reg	istered Agerit Sylvia Queppet, A	sst. VP	
Filing Fee:	\$35.00		
Certified Cop	y (optional): \$52.50		