B02000000025

~	
. ((Requestor's Name)
	Niel Euliano 4976 Courtland Loop Winter Springs, FL 32708-4038
	(City/State/Zip/Phone #)
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j	(Business Entity Name)
	(Document Number)
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 18, 2004

NIEL EULIANO 4976 COURTLAND LOOP WINTER SPRINGS, FL 32708-4038

SUBJECT: EULIANO LIMITED PARTNERSHIP

Ref. Number: B02000000025

DIVISION OF CORPORATIONS ON MAR 26 AM 10: 20

We have received your document for EULIANO LIMITED PARTNERSHIP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A general partner must sign the document.

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) 245-6958.

Letter Number: 404A00018180

Lee Rivers Document Specialist March 23, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: Euliano Limited Partnership

Ref. Number: B02000000025 Letter Number: 404A00018180

Enclosed please find the document that was returned to us for a general partners signature. We have corrected this problem and sorry for the inconvenience it has caused. If there is anything else that requires our attention please call me at 407-681-9205.

Thank you,

Susan Euliano

DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	Name of the limited partnership	
2/18/ Date of	2000 3 BQ200000025 filing/registration in Florida Document number assigned	
		1 04 701 11
	of the registered agent and the registered office address as shown on the rec	ords of the Florida
Department	Ryan, Michael A.	
	Name	
	215 North Eola Drive	
	Address	
	Orlando, FL 32801	-
	City, State and Zip	••
The name a	and address of the new registered agent and/or office:	오 [[] 시
. The hand	· ·	O4 MAR 26
Dr. Neil Euliano		₹ 3
Name		26 26
4976 Courtland Loop		0
Florida street address (P.O. Box not acceptable)		子 (Pu
	Winter Springs FL 32708	AM 10: 20
	City, State and Zip	20
Such chang	e(s) was/were authorized by the general partners.	- 5
	12 m	
Signature of Gene		

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 obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00