

B04000000382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

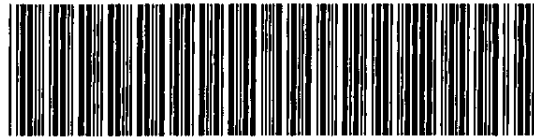
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700095539947

04/04/07--01024--010 **70.00

FILED

2001 APR -4 P 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Cabana West, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B04000000382

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Russell C. Balch

(Contact Person)

Akridge & Balch, P.C.

(Firm/Company)

P.O. Drawer 3738

(Address)

Auburn, AL 36831-3738

(City, State and Zip Code)

FILED
2001 APR -4 P 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Russell C. Balch at (334) 887-0884

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

INHS04 (01/06)

**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. Cabana West, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/24/2004 3. B04000000382
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Don Nations
Name

1366 West 15th Street
Address

Panama City, FL 32401
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Brian Leebrick
Name

220 McKenzie Avenue
Florida street address (P.O. Box not acceptable)

Panama City FL 32401
City, State and Zip

FILED
2007 APR -4 P 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50