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WILLIAM G. MORRIS

WILLIAM G. MORRIS ADMITTED IN FL, DC, VA

OF COUNSEL CONSTANCE M. BURKE MARCO OFFICE
247 N. COLLIER BLVD., SUITE 202
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FAX (239) 642-0722
E-MAIL WGMORRISLAW @EMBARGMAIL.COM

Naples Office Tel (239) 775-6020

December 15, 2009

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re:

Westbrook Lely Golf Villas I, LLC

Our File No. 09G093

To Whom It May Concern:

Accompanying please find:

1. Change of Registered Agent, and

3. Check made payable to Florida Department of State for \$25.00 for filing

fee.

Thank you for your assistance.

Sincerely

William G. Morris

WGM/ddn Enclosures

COVER LETTER

Limited Partnership mited Liability Limited Partnership B08000000142 Office and/or Registered Agent and matter to:
B0800000142 Office and/or Registered Agent and
Office and/or Registered Agent and
matter to:
2
m
otification)
lease call:
239) 642-6020
Area Code and Daytime Telephone Number
1

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

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	Lely Golf Villas I I	<u>_imited Pa</u>	ırtnership	
Nai	me of Limited Partnership or Li	mited Liability	Limited Partnership	
20	6/26/2008	3.	B0800000142	
Date of filing	/registration in Florida		Florida document number	
4. The name of the re Department of State:	gistered agent and the registered	l office address	as shown on the records of the Florid	li
	Constance	M. Burke		
	Na	me		
	247 N. Collier Box	ulevard, Sui	te 202	
	Add	ress		
	Marco Islan		<u>;</u>	
·	City, Stat	e and Zip		
5. The name and Flor	ida street address of the new reg	istered agent ar	nd/or office:	
	William (a. Morris		
	Na	me		
	247 N. Collier Bou	ı <u>leva</u> rd, Suit	e 202	
	Florida street address (P	O. Box not acc	peptable)	
	Marco Island		L34145	
	City, Stat	e and Zip		
6. Such change(s) is/a	re effective when filed by the F	lorida Departme	ent of State.	
	~ (JU)			
comply with the provis	y Golf Villasi, I pointment as registered agent a sions of all statutes relative to th an accept the obligations of my	e proper and co	oseph Boff in this capacity. I further agree to complete performance of my duties, gistered agent.	
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50