

B09 000 000 047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

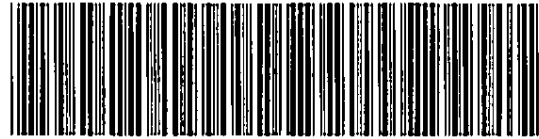
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Westwood (Orlando) ASLI V, L.L.L.P

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B09000000047

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:

Raphaelita Upshaw

Contact Person

Kilpatrick Townsend

Firm/Company

1100 Peachtree Street, NE, Suite 2800

Address

Atlanta, Georgia 30309

City, State and Zip Code

akabourek@avantiprop.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raphaelita Upshaw

at (404) 815-6133

Name of Contact Person

Area Code and Daytime Telephone Number

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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. Westwood (Orlando) ASLI V, L.L.L.P

Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/09/2009

Date of filing/registration in Florida

3. B09000000047

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:

Charles Schwartz

Name

923 N. Pennsylvania Ave.

Address

Winter Park, FL 32789

City, State and Zip

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

Marvin Shapiro

Name

923 N. Pennsylvania Ave.

Florida street address (P.O. Box not acceptable)

Winter Park FL 32789

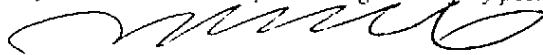
City, State and Zip

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

See attachment

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

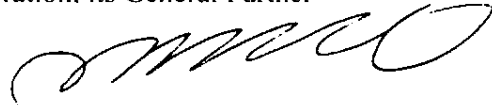
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GENERAL PARTNER:

AVANTI PROPERTIES GROUP II, L.L.P., a
Delaware limited liability limited partnership

By: Avanti Management Corporation, a Florida
corporation, its General Partner

By:



Name: Marvin M. Shapiro
Title: President

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