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COVER LETTER

TO: Registration Section Division of Corporations Name of Limited Partnership or Limited Liability Limited Partnership SUBJECT: 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: L 33607 City, State and Zip Code Maniels @ landmark reciclential. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: <u>) 861-3907</u> Area Code and Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

INHS04 (01/06)

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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. Landmark at Bella Rosa P Name of Limited Partnership on Limited Partnership
2. Date of filing/registration in Florida 3. Bloocool 97 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:
CT Corporation System Name 1200 South Pine Island Rd Address
Photosion FL 33304 City, State and Zip
5. The name and Florida street address of the new registered agent and/or office: Eko Landmark Rasidential Management UC Name
3506 E Frontage Rd # 50 Florida street address (P.O. Box not acceptable)
Tampa FL33607 City, State and Zip
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 an accept the obligations of my position as registered agent.
Signature of Registered Agent
Filing Fee: \$35.00 Certified Copy (optional): \$52.50