

B96000000182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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OFFICE OF NOTARIZATION



PREMIER CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007
Chicago, IL 60606
(312) 346-3606 (800) 934-2556
Fax: (312) 346-3607

April 14, 2006

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
409 E. Gaines Street
Tallahassee, FL 32399

RE: Premiere IV, L.L.C.

**Premiere Partners II Limited Partnership
Premiere Partners III Limited Partnership
Premiere Partners IV Limited Partnership
Premiere Partners V Limited Partnership
Serenoa Farms Owners Association Inc.**

**Westchester Group, Inc. d/b/a Westchester Group, Inc. of Illinois
Westchester Asset Management, Inc.
Premiere Farmland II Inc.
Cozard Asset Management, Inc.**

Dear Sir or Madam:

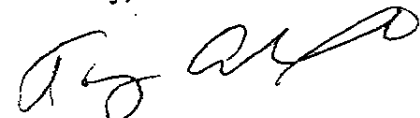
Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,



Tony Alexander

TA/smc.
Encl.

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DIVISION OF CORPORATIONS
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**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. Premiere Partners III Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 5/20/1996

Date of filing/registration in Florida

3. B96000000182

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 Road

Address

Plantation, FL 33324

City, State and Zip

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

City, State and Zip

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

[Signature], vp, C.A.M., Inc., of clw Ag, Asset Mgmt Ptd, SP 2/24/01
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.

NRAI Services, Inc.

by: *[Signature]*

Signature of Registered Agent

Anthony J. Adamson, ASST. SECRETARY

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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