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JOHN MORGAN BRUNSON
ATTORNEY AND COUNSELOR AT LAW

1474 JORDAN HILLS COURT
CLEARWATER, FLORIDA 33756

TELEPHONE (727) 447-3128
TELECOPIER (727) 466-6728

September 21, 2004

VIA U.P.S. NEXT DAY AIR

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Charlotte Golf Management Limited Partnership

Dear Sirs:

Enclosed please find an original and one copy of a Change of Registered Agent. Also enclosed is a check payable to the Secretary of State in the amount of \$35.00 to cover the filing fee.

Please advise if you have any questions or comments.

Very truly yours,


John Morgan Brunson

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**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CHARLOTTE GOLF MANAGEMENT LIMITED PARTNERSHIP

Name of the limited partnership

2. 07/26/1996

Date of filing/registration in Florida

3. B96000000292

Document number assigned

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

John M. Brunson, Esquire

Name

1474 Jordan Hills Court

Address

Clearwater, FL 33756

City, State and Zip

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

Bruce A. Orr

Name

175 Kings Highway

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

Port Charlotte FL 33983

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Charlotte Golf Management Company, Inc.

By: Bruce A. Orr V.P.

Signature of General Partner Bruce A. Orr, Vice President

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Bruce A. Orr
Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

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