# 596 OCT-20000 378.01.02

### Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000110646 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)

Account Number: 076117000420 Phone: (561)650-0728 Fax Number: (561)655-5677 AL

WECEIVED 01 OCT 29 PM 3: 59 VISION OF CORPORATIONS

#### REGISTERED AGENT CHANGE

#### RUBY RED EQUITIES LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Help

## 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.

I know ked adulties bimited Parthership
Name of the limited partnership
2 September 26, 1996 3 B96000000378
Date of filing/registration in Florida 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:
W. Scott Callahan Name
•
28 E. Washington Street Address
Address
Orlando, FL 32802
City, State and Zip
5. The name and address of the new registered agent and/or office:
W. Scott Callahan Name
37 N. Orange Avenue, Suite 200
Florida street address (P.O. Box not acceptable)
Orlando FY 32802-3388
City, State and Zin
6. Such change(s) was/were authorized by the general partners.
MILES L
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. 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.  W. Scott dallatan  Signature of Registered Agent  Make checks payable to Florida Department of State and mall to:
Division of Corporations, P.O. Box 6327, Tallahassee, El. 32314

Filing Fee: \$35.00

INHS04(9/98)

H01000110646 6