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Office Use Only



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DIVISION OF CORPORATIONS
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INTEROFFICÉ MEMORANDUM

TO:

FLORIDA DIVISION OF CORPORATIONS

FROM:

TERRY TARWATER, CHARLES BACLET AND ASSOCIATES, INC.

SUBJECT:

ATTACHED CHANGE OF AGENT FORMS

DATE:

7/27/2006

CC:

FILE

ATTACHED PLEASE FIND CHANGE OF AGENT FORMS FOR THE FOLLOWING LIMITED PARTNERSHIP:

PALMVEST, LIMITED PARTNERSHIP

Please process as soon as possible and return a filed stamped copy of THE filing in the attached self-addressed stamped envelope. Enclosed please find a check for \$35 attached to cover your filing fee.

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

CHARLES BACLET AND ASSOCIATES, INC.

Terry Tarwater

Enclosures

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COVER LETTER

Registration Section Division of Corporations SUBJECT: Palmvest, Limited Partnership
(Name of Limited Partnership or Limited Liability Limited Partnership) DOCUMENT NUMBER: B98000000472 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: Chery / Final
(Contact Person)

Palmvest, Umited Partnership
(Firm/Company)

216 Seven Farms Dr., Shite 200

(Address) Charleston 5c 29492 (City, State and Zip Code) For further information concerning this matter, please call: Chery Finch at (843) 881-7550

(Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

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

INHS04 (01/06)

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

| | visions of section 620.1115, Flo ed liability limited partnership | | | | |
|---|--|-----------------|----------------------------------|---------------|------------------|
| | d office or registered agent, or | | | inet to | |
| 1 | Poloniet line | ·/- // / | 0. 1. 210 | | |
| ıN | Palmvest Um. | uited Liability | Limited Partnership | | |
| 2. July 22, 19 | 108 | 2 | R08000000472 | | |
| | g/registration in Florida | ٥٠ | B9800000472 Florida document num | ber | |
| 4. The name of the re Department of State: | egistered agent and the registered | office address | as shown on the records o | f the Florida | |
| | C T Corporation S | vstem | | • | |
| | Nan | | | | |
| | 1200 South Pine Isl | land Road | | | |
| • | Addr | | | • | <u>e</u> |
| | Plantation, FL 333 | 324 | | | NISE NISE |
| | City, State | and Zip | | | 配配 |
| 5. The name and Florida street address of the new registered agent and/or office: | | | | | 一點 |
| • | NRAI Services, Inc. | | | | POF STATEH |
| | Nan | ie | | | = RAT |
| | 2731 Executive Park Dri | ve, Suite 4 | , | | THE TOPE |
| | Florida street address (P. | O. Box not ac | ceptable) | | _ |
| | Weston | F | L 33331 | | |
| | City, State | and Zip | | | |
| 6. Such change(s) is/ | are effective when filed by the Flo | orida Departm | ent of State. | | |
| | m_{-} | | | | |
| Signature of General | Partner Gras W. B | nules. 1 | 35t. Secretary of | FESD F | Properties, Inc. |
| comply with the provi | sions of all statutes relative to the | proper and c | omplete performance of my | ug/ 00 10 | e Sonoral purth |
| hv \ddl | an, Assistant Secretary | | | | |
| Filing Fee: | . \$35.00 | | | | |
| Certified Copy (o | ptional): \$52.50 | | | | \$ |