1398000000697

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer;		

Office Use Only



300057578903

07/25/05--01009--012 **35.00

OS JUL 25 PH 12: 09



Sovistate Research Requester's Name Address City/State/Zip Phone #		office Use Only SSE		
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):				
1. The Grand F (Corporation Name)	Regenerate #	town):		
2. (Corporation Name) (Document #)				
V				
3				
(Corporation Name)	(Document #)			
4. (Corporation Name)	(Document #)	.,		
Walk in Pick up time		Certified Copy		
Mail out Will wait	Photocopy	Certificate of Status		
Will vale	- A motocopy			
NEW FILINGS	<u>AMENDMENTS</u>			
Profit Not for Profit	Amendment Resignation of R.A.	Officer/Director		
Limited Liability	Change of Registere			
Domestication	Dissolution/Withdra			
Other	Merger			
OTHER FILINGS	REGISTRATION/QUA	ALIFICATION		
Annual Report	Foreign			
Fictitious Name	Limited Partnership Reinstatement			
	Trademark			
	Other			
CR2E031(7/97)		Examiner's Initials		

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. The Grand R	regency at bake botus, br	
	Name of the limited partnership	
2. December 11		
Date of filing/regis	stration in Florida Document number assigned	
4. The name of the regineratment of State:	istered agent and the registered office address as shown on the rec	ords of the Florida
Dopartification of State.	Christy Tucker	
	Name	£ 0
	838 Grand Regency Pointe	5,
	Address Altamonte Springs, FL 32714	JUL 25 ELAHASS
	City, State and Zip	SEE.
5. The name and address	ss of the new registered agent and/or office:	PM 12: 09 EE. FLORID
	Corporation Company of Orlando	6 H
	Name	1 P
	300 S. Orange Ave., Suite 1000 (JGW)	
_	Florida street address (P.O. Box not acceptable)	
	Orlando FL 32801-3373	
	City, State and Zip	
6. Such change(s) was/	were authorized by the general partners.	
Signature of General Partier	<u>e</u>	•
with the provisions of a	pintment as registered agent and agree to act in this capacity. I furiall statutes relative to the proper and complete performance of the obligations of my position as registered agent. Or, if this document in the registered office address, I hereby confirm that the limbof this change.	ny duties, and I am nument is being filed
Corporation Compa	any of Oflando	
By:	RESIDENT nt James G. Willard, Pres.	
Signaturo o Registered Ager	III Janes G. Harrica Lacot	

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