

L 0 5000053206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

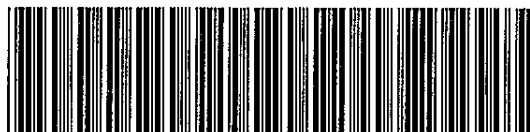
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/28/05--01016--014 **25.00

LR 09/02/05

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05 JUL 28 PM 2:04
CLERK OF STATE
TALLAHASSEE, FLORIDA



HENDERSON & MAXWELL, P.A.

July 25, 2005

~~Florida Department of State~~

~~Division of Corporations~~

~~P.O. Box 6327~~

~~Tallahassee, FL 32314~~

Dear Sir/Madam:

Enclosed for filing with your office are change of address of registered agent forms and checks for filing fees relative to the entities listed below:

Montecito New River Limited Partnership	\$35.00
Montecito Jensen, LLC	\$25.00
Montecito Y L Ventures, LLC	\$25.00
Montecito F H Venture, LLC	\$25.00
Montecito Del Ray, LLC	\$25.00
Montecito New River Management, LLC	\$25.00
Montecito New River I, LLC	\$25.00
Montecito New River, LLC	\$25.00

Should you have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Very truly yours,


Douglas R. Maxwell

DRM/dw
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- | | |
|---|--------------------|
| 05/27/05 | L05000053206 |
| 3. Date of filing/registration in Florida | 4. Document number |

- | | |
|-----------------------------------|---------------------|
| Douglas R. Maxwell | Name |
| 4309 Pablo Oaks Court, Suite Five | Address |
| Jacksonville, FL 32224 | City, State and Zip |

- Douglas R. Maxwell
-
- 10739 Deerwood Park Blvd., Suite 200A
- Florida street address (P.O. Box **NOT** acceptable)
-
- Jacksonville FL 32256
- City, State and Zip

Angelo L. Maxwell
(Signature of a member or authorized representative of a member)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

FILING FEE: \$25.00

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STATE
TALLAHASSEE, FLORIDA