

MD80000002889

(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:

**L. SELLERS**

JUL 14 2008

**EXAMINER**

Office Use Only



700132314397

07/10/08--01027--012 \*\*25.00

FILED  
08 JUL 10 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



LAW OFFICES  
**BOONE, BOONE, BOONE, KODA & FROOK, P.A.**

P. O. BOX 1596  
VENICE, FLORIDA 34284

ESTABLISHED 1956

E.G. (DAN) BOONE  
JEFFERY A. BOONE  
STEPHEN K. BOONE  
JOHN S. KODA  
MARGARET (PEGGY) S. FROOK

JAMES T. COLLINS, LAND PLANNER  
(NOT A MEMBER OF THE FLORIDA BAR)

STREET ADDRESS:  
1001 AVENIDA DEL CIRCO 34285  
TELEPHONE (941) 488-6716  
FAX (941) 488-7079  
e-mail: adm@boone-law.com

July 9, 2008

**VIA FEDERAL EXPRESS**

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

Re: FQP-LA Orange County Land, LLC  
FQP-LA Orlando Hotel Land, LLC  
FQP-LA Orlando Ventures Manager, LLC

Dear Division:

Enclosed with regard to the above-referenced limited liability companies, please find a Statement of Change of Registered Office and Registered Agent for each, together with three (3) checks in the amount of \$25.00 each to pay for the filing fees.

If you have any questions, or need any additional information, please do not hesitate to call.

Kind regards.

Very truly yours,

Margaret (Peggy) S. Frook

psf  
enclosures

cc: Mr. Lamar Maddox, without enclosures, via e-mail  
Ms. Susan C. Despres, without enclosures, via e-mail

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FQP-LA ORANGE COUNTY LAND, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSAN DESPRES  
(Name of Person)

CUSHING MORRIS ARMBRUSTER & MONTGOMERY, LLP  
(Firm/Company)

229 PEACHTREE ST NE, #2110, INTERNATIONAL TOWER  
(Address)

ATLANTA, GA 30303  
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN DESPRES at ( 404 ) 614-9118  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**FILED**  
08 JUL 10 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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.*

1. Name of the limited liability company: FQP-LA ORANGE COUNTY LAND, LLC

2. (a) Principal office address of limited liability company: 45 ANSLEY DRIVE  
(Note: **MUST BE STREET ADDRESS**) NEWNAN, GA 30263

(b) Mailing address of limited liability company: 45 ANSLEY DRIVE  
(Note: **MAY BE POST OFFICE BOX**) NEWNAN, GA 30263

6/18/2008

M08000002889

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CORPORATION SERVICE COMPANY

Registered Office Address: 1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: MARGARET S. FROOK

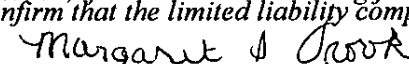
NEW Registered Office Address: BOONE, BOONE, BOONE, HINES & KODA, P.A.  
(**MUST BE FLORIDA STREET ADDRESS**) 1001 AVENIDA DEL CIRCO  
VENICE, FL 34285

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

STANLEY E. THOMAS  
(Printed or typed name of signee)

*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.*

  
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00**

FILED  
JUN 10 AM 10:05  
TALLAHASSEE FLORIDA