

A01000000974

Florida Department of State
Division of Corporations
Public Access System

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.

(((H09000045225 3)))



H090000452253ABC

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) 617-6380

From:
Account Name : ROETZEL & ANDRESS
Account Number : I20000000121
Phone : (239) 649-6200
Fax Number : (239) 261-3659

2009 FEB 26 AM 8:24
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

COSTA DORADA ASSOCIATES, LTD.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$87.50 |

RECEIVED
2009 FEB 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 27 2009

Electronic Filing Menu

Corporate Filing Menu

Help

EXAMINER

Fax Audit # (((H09000045225 3)))

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

- 1. Costa Dorada Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
- 2. 7/18/01
Date of filing/registration in Florida
- 3. A01000000974
Florida document number


4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jose E. Cabanas
Name
10520 N.W. 26th Street, Suite C-201
Address
Doral, FL 33172
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Michele Santoro
Name
505 North Fort Lauderdale Beach Boulevard
Florida street address (P.O. Box not acceptable)
Fort Lauderdale FL 33304
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
 2009 FEB 26 AM 8:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Fax Audit # (((H09000045225 3)))