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SECRETARY OF STATE.
TALLAHASSEE FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Carr Real Estate Ventures, Ltd. (Name of Limited Partnership or Limited Liability Limited Partnership) DOCUMENT NUMBER: A01000001031 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: Marsha Romero (Contact Person) K&L Gates, LLP (Firm/Company) 200 S. Biscayne Blvd., Suite 3900 (Address) Miami, Florida 33131 (City, State and Zip Code) For further information concerning this matter, please call: Marsha Romero (Area Code and Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** P. O. Box 6327 Clifton Building

Tallahassee, FL 32314

INHS04 (01/06)

2661 Executive Center Circle

Tallahassee, FL 32301

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.

L Carr Real I	Estate Ve	entures, Ltd.			
N	ame of Limite	d Partnership or Lim	ited Liability Limi	ited Partnership	
2.07/30/2001			_{3.} A010	3. A01000001031	
Date of filin	g/registration	in Florida		lorida document n	umber
4. The name of the r Department of State:		t and the registered	office address as sl	nown on the record	s of the Florida
	Evan F	l. Marbin			
		Nan	ie		
48 East Flagler Street, PH 104					
Address					
	Miami,	Florida 3313	31		
		City, State	and Zip		
5. The name and Flo	orida street ado	lress of the new regi	stered agent and/or	office:	
	Marc H	. Auerbach,	Esq.		
		Nan	ne		
	200 S.	Biscayne Blv	d., Suite 39	900	
	Flori	da street address (P.	O. Box not accepta	ıble)	
	Miami,		FL 3	3131	
		City, State			
6. Such change(s) is		when filed by the Flo	orida Department o	of State.	
Signature of General	Partner				
I hereby accept the accomply with the provand am familiar wing Signature of Register	visions of all si th an accept the	atutes relative to the de obligations of my	proper and comp	lete performance o	
Filing Fee: Certified Copy ((optional):	\$35.00 \$52.50			FLOGIST CR