

# A010000001155

Daniel Halberstein  
20636 Biscayne Blvd  
Aventura, FL 33180

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2002 OCT 10 AM 10:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #) **900008305639--1**  
-10/10/02--01044--009  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
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**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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. KIRKMAN CENTER LTD.  
Name of the limited partnership

2. 08/28/01  
Date of filing/registration in Florida

3. A01000001155  
Document number assigned

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

CSC  
2711 CENTERVILLE RD. S - 400  
WILMINGTON, DE 19808  
City, State and Zip

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

DANIEL HAIBERSTEIN  
Name  
20630 BISCAYNE BLVD.  
Florida street address (P.O. Box not acceptable)  
AVENTURA FL 33180  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

[Signature]  
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

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

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