A93000000243

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

BILZIN SUMBERG DUNN PRICE & AXELROD LLP

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS 2500 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BOULEVARD . MIAMI, FLORIDA 33131-2336 TELEPHONE: (305) 374-7580 • INFO@BILZIN.COM

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NEW FILINGS	AMENDMENTS 5000029	· · ·
Profit	Amendment ******35	5.00 *****35.00
NonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

Other

REGISTRATION/QUALIFICATION
Foreign
Limited Partnership
 Reinstatement
Trademark
Other

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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.

, SPRING CREST	ASSOCIATES, LTD.	
J	Name of the limited partnership	
2 03/02/1993	₃ A9300000243	
Date of filing/regist	tration in Florida Document number assig	ned
4. The name of the regis Department of State:	stered agent and the registered office address as shown on the KELLY DRYE & WARREN LLP	e records of the Florida
	Attn: James. W. Shindell Name 201 S. Biscayne Blvd., Suite 2400	•
	Address	9
	Miami, Florida 33131	99 J
	City, State and Zip	JUL 2
	ss of the new registered agent and/or office:	21 AM
J	ames W. Shindell, P.A., a Florida corporation	<u> </u>
c/o 20(Name o Bilzin Sumberg Dunn Price & Axelrod LLP o So. Biscayne Blvd., Suite 2500	99 JUL 21 AM 8: 48
_	Florida street address (P.O. Box not acceptable)	— .
<u>Mi</u>	iami, FL 33131 City, State and Zip	
Spring Crest Realty	were authorized by the general partners. Corp. Corp.	
Signature of General Partner		
I hereby accept the appo with the provisions of familiar with and accep merely to reflect a char been notified in writing	ointment as registered agent and agree to act in this capacity. all statutes relative to the proper and complete performanc of the obligations of my position as registered agent. Or, if th nge in the registered office address, I hereby confirm that th of this change.	I further agree to comply se of my duties, and I am sis document is being filed the limited partnership has
James W. Shindell, Signature of Registered Age	<u> </u>	
James W. Shindell		
	ivision of Corporations, P.O. Box 6327, Tallahassee, FL 3 Filing Fee: \$35.00	32314
James W. Shindell, Esq. FL Bar No. 285293 BILZIN SUMBERG DUNN PF	RICE & AXELROD LLP	

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Miami, Florida 33131