

A96 00000 1048

(Requestor's Name)

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(City/State/Zip/Phone #)

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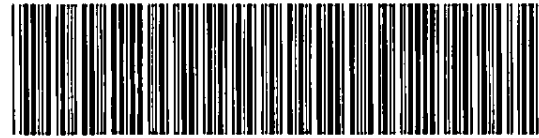
(Business Entity Name)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Third Avenue Associates, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A96000001048

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:

Kathy Moro  
Contact Person

Frank Weinberg Black, P.L.  
Firm/Company

7805 SW 6th Court  
Address

Plantation, FL 33324  
City, State and Zip Code

Lynda.Watkins@Stiles.com KMoro@fwblaw.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynda Watkins at (954) 627-9350  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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