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.

(((H07000156842 3)))



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

Pax Number : (850)205-0380

: GREENSPOON MARDER, P.A. Account Name

Account Number : I19990000182 Phone

: (954)491-1120

: (954)267-8013

Fax Number

## REGISTERED AGENT CHANGE

PHYLIRV, LTD.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efileoyr.exe

6/13/2007

06-15-'07 11:56 FROM-

T-244 P002/002 F-347

## 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.

	PH	VΙ	IR\	/ I	TD.
*				/ . L	_   12.

Name of Limited Partnership or Limited Liability Limited Partnership

December 31, 1997

3. A98000000032

Date of filing/registration in Florida

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:

ALAN B. COHN

c/o Abrams, Anton P.A.

2021 Tyler Street, Hollywood, FL 33022

City, State and Zip

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

ALAN B. COHN

100 West Cypress Creek Road, Suite 700

Florida street address (P.O. Box not acceptable)

Fort Lauderdale

FL 33309

City, State and Zip

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

Signature of

I hereby accept the appointment as Supered agent and agree to act in this capacity. I further agree to comply with the provisions of filly atages relative to the proper and complete performance of my duties, and I afr familiar with da obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee:

**\$35.00** 

Certified Copy (optional): \$52.50