

The Landon Companies 21 East Long Lake Road Suite 100 Bloomfield Hills, MI 48304						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of S	Status					
Special Instructions to Filing Officer:						
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C. LEWIS

DEC 2 3 2009

EXAMINER

COVER LETTER

10:	Division of	n Section Corporations						
SUBJ	ECT:	Has	tings Str	eet L	.imited	l Pa	rtnership	
		Name of Limited	d Partnership	or Lim	ited Liab	ility L	imited Partnership	
DOCUMENT NUMBER:			A0000000129					
	nclosed State are submitte	_	ge of Regist	ered (Office a	nd/or	Registered Agent and	
Please	e return all co	orrespondence (concerning	this n	natter to	:		
		Shirley Bri	unet					
		Contact Per	son					
		Landon Com	panies					
		Firm/Compa	ny					
	21 East	Long Lake R	load. Suite	100				
		Address				_		
В	loomfield Hi	lls	MI	4	8304			
		City, State and Z	ip Code					
	sjb	runet@landor	ncompanie	s.cor	n			
E	-mail address:	to be used for fut	ure annual rep	ort not	ification))		
For fu	ırther inform	ation concernin	ig this matte	er, ple	ase call	:		
	Shi	rley Brunet		at (248)	642-0190 EXT 132	
	Name of Cor	ntact Person				and D	aytime Telephone Number	
Enclo	sed is a \$35.0	00 check made	payable to	the Fl	orida D	epart	ment of State.	
STRE	EET ADDRI	ESS:			MAI	LINC	G ADDRESS:	
Regis	tration Section	on					on Section	
	ion of Corpor	rations					f Corporations	
	n Building				P. O.			
	Executive Ce				Tallal	hasse	e, FL 32314	
Tallah	iassee FL 3	2301						



December 23, 2009

THE LANDON COMPANIES 21 E. LONG LAKE RD. SUITE 100 BLOOMFIELD HILLS, MI 48304

SUBJECT: HASTINGS STREET LIMITED PARTNERSHIP

Ref. Number: A0000000129

We have received your document for HASTINGS STREET LIMITED PARTNERSHIP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 209A00038993

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

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.

1. <u>H</u> Nar	ASTINGS STREET	Limited ed Liability L	Partnership imited Partnership		
2. 0	1/14/2000	3.	A0000000129)	
Date of filing.	registration in Florida		Florida document numb		
4. The name of the rep Department of State:	gistered agent and the registered of	fice address a	s shown on the records of	the Florida	
	Corporation Servi	ice Compa	ny		
	Name				
	1201 Hays	Street			
	Addres				
	Tallahassee,	FL 34101		- 2	
	City, State a	nd Zip		15 SE	
5. The name and Flori	da street address of the new registe	ered agent and	l/or office:	2010 FEB : SECRET	
	Jane Arc	noff		ASS ASS	Γ Γ
	Name			m:1	1
	626 Gulf Shor	e Blvd. S		FE ST	Ţ
	Piorida arreet address (P.O.		ptable)	PM 3: 38 OF STATE E, FLORID	
	Naples	FL	34102	63	
	City, State a				
6. Such change(s) is/a	re effective when filed by the Flori	ida Departmer	nt of State.		
Signature of General P	artner				
comply with the provis	pointment as registered agent and rions of all statutes relative to the paraccept the obligations of my podd Agent	proper and coi	nplete performance of my		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50