Florida Department of State 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.

(((H07000171059.3)))



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

Fax Number : (850)205-0380

Prom:

Account Name : GREENSPOON MARDER, P.A.

Account Number : I19990000182 - (954)491-1120 Phone

Pax Number ; (954)267-8013

REGISTERED AGENT CHANGE

T & K KAY FAMILY LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

7/2/2007

₩ 07-02-107 13:22 FROM-

T-302 P002/002 F-413

## 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.

ſ.	T	&	K	KAY	FAN	IIL'	YL	TD	,
		_					_		

Name of Limited Partnership or Limited Liability Limited Partnership

2 05/30/2000

3. A00000000881

Date of filing/registration in Florida

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

Gene K. Glasser, Esq.

W Cypress Creek Road, Suite 100

Hollywood, FL 33309

City, State and Zip

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

Gene K. Glasser, Esq.

100 W Cypress Creek Road, Suite 700

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

Fort Lauderdale

City, State and Zip

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

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 statules relative to the proper and complete performance of my duties, and I am familial with an adfept the abligations of my position as registered agent.

Signature of Registered Agent

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50