

A 00000001049

Requester's Name  
Address  
City/State/Zip Phone #

200007890712--6  
-09/20/02--01028--010  
\*\*\*\*\*70.00 \*\*\*\*\*35.00

Office Use Only

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

1. CAROLSTAN PROPERTIES, LTD., LLP  
(Corporation Name) (Document #)
2. A-1049  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT - AM 9:04

10/4

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 27, 2002

CAROLSTAN PROPERTIES, LTD., LLLP  
% IVAN LEFKOWITZ  
430 NORTH MILLS AVENUE  
ORLANDO, FL 32803

SUBJECT: CAROLSTAN PROPERTIES, LTD. LLLP  
Ref. Number: A00000001049

We have received your document for CAROLSTAN PROPERTIES, LTD. LLLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

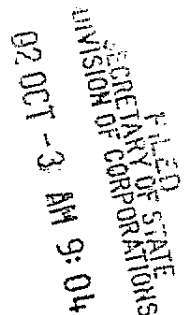
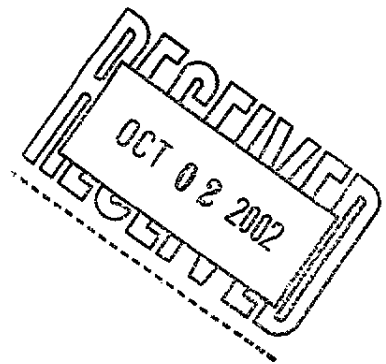
Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 502A00054774



**LEFKOWITZ, BLOOM & SHAW, P.A.**

ATTORNEYS AND COUNSELORS AT LAW

IVAN M. LEFKOWITZ\*  
GWEN D. BLOOM+  
THOMAS C. SHAW  
SHIRA B. McKINLAY\*\*

430 NORTH MILLS AVENUE  
ORLANDO, FLORIDA 32803

TELEPHONE (407) 425-1974  
FACSIMILE (407) 425-1981  
WEBSITE: ORLANDOLAW.ORG

\* BOARD CERTIFIED IN TAXATION AND  
MASTER OF LAWS IN ESTATE PLANNING  
+ ALSO ADMITTED IN MASSACHUSETTS  
\*\* ADMITTED ONLY IN CALIFORNIA  
AND MINNESOTA

October 2, 2002

Lee Rivers, Document Specialist  
Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314


Re: Carolstan Properties, Ltd. LLLP  
Ref. No. A00000001049

Dear Mr. Rivers:

In connection with the above referenced entity, we are returning the completed document to you for processing. Please return a copy of the document to our office once it has been filed. The fee for this service is being held in your office.

If there is anything further that is needed, please do not hesitate to contact me.

Sincerely yours,

  
Thomas C. Shaw

TCS:glg  
Enclosures

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT -3 AM 9:04

# 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.

1. CAROLSTAN PROPERTIES, LTD., LLLP  
Name of the limited partnership
2. 06/29/2000 3. A000 000 01049  
Date of filing/registration in Florida Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  
NORM LIEBERMAN Name  
6450 UNIVERSITY BOULEVARD SUITE 7 Address  
WINTER PARK FLORIDA 32792 City, State and Zip

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

IVAN M. LEFKOWITZ Name  
430 NORTH MILLS AVENUE Florida street address (P.O. Box not acceptable)  
ORLANDO FL 32803 City, State and Zip

6. Such change(s) was/were authorized by the general partners.  
CAROLSTAN, INC.

BY: James H. Fuld  
Signature of General Partner JAMES H. FULD, Treasurer

*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 statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT -3 AM 9:04