A0100000027

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
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D. BRUCE

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EXAMINER

Se . 3



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2011

MICHAEL J. LISS 5226 SAPPHIRE VALLEY BOCA RATON, FL 33486

SUBJECT: ONE OCEAN PLAZA 2001, LTD.

Ref. Number: A01000000027

We have received your document for ONE OCEAN PLAZA 2001, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 711A00027897



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: ONE OCE.					
Name of Limited Partnership	or Lim	ited Liabi	lity Limite	d Partnership	
DOCUMENT NUMBER:	Α	<u>.01000</u>	00002	7	
The enclosed Statement of Change of Regist fee(s) are submitted for filling.	tered (Office an	id/or Reg	istered Agent an	d
Please return all correspondence concerning	this n	atter to:			
MICHAEL J. LISS					
Contact Person					
N/A					
Firm/Company			_		
5226 SAPPHIRE VALLEY	,				
Address	<u></u>		_		
BOCA RATON, FLORIDA 33	486	<u></u>	_		
City, State and Zip Code					
mjliss1@gmail.com)				
E-mail address: (to be used for future annual re	port no	tification)			
For further information concerning this matt	ter, ple	ase call			
MICHAEL J. LISS	at (561)	302-8667	
Name of Contact Person			and Daytin	ne Telephone Numb	er
Enclosed is a \$35.00 check made payable to	the F	lorida D	epartmen	t of State.	
STREET ADDRESS:		MAII	LING AI	DDRESS:	77.
Registration Section		Regis	tration Se	ection	33 =
Division of Corporations	Division of Corporations				
Clifton Building			Box 632		- A - C
2661 Executive Center Circle		Tallal	assee, F	L 32314	SSS
Tallahassee, FL 32301					m~

INHS04 (01/06)

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 ligibility limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.	ONE OCEAN P	LAZA 2001	נדט			
N	ame of Limited Paringrahlp or Lin	ited Liability Lit	nited Partnership	_		
2	01/05/2001	3,	A01000000027			
Date of filir	ng/registration in Florida	- 1	Florida document number			
4. The name of the r Deputment of State	registered agent and the registered	office address as	shown on the records of the Flori	da		
	DENNIS J. E18	INGER. ESO				
	Nem		!			
	4000 HOLLYWOOD	SLVD., SUITE	265-S			
•	Addr			 >> (
	HOLLYWOO	P FL 33021			Ξ	
	City, Sinte	and Zip			8	***
5. The name and Pk	orida street address of the new regi	stered agent and/	n office:	IAR ASS	DEC 14	
	MICHAEL	J. LISS		(m) ~<		<u> </u>
	Nen		••••••••••••••••••••••••••••••••••••••	E.F.	*	
\sim	\$226 SAPPHI	RE VALLEY		ON IN	Ņ	
/ \	Florida strent address (P.		table)	Dirii	6 7	
- /	\ BOCA RATON	FI.	33486	14		
	City, State	and Zip				
6. Such charge(s) is	are effective when filed by the Fie	orida Department	of State.			
Signature of General	(Partie)					
I hereov godent inch	moning and the recistored opens on	d agree to act in	ikis canacity. I finiher cores to			
comply with the prof	appointment is registered agent an islants of dilletatuter relative to the	proper and com	olate performance of my duties.			
ama 1 am jamiyar yil	th in account the obligations of my	posinon as regist	erea agent			
Signature of Register	red Agent					
	· M					
Filing Fee:	00.2E8					
Certified Conv (

NO. 3975 P. 5

DEC: 12' 3011 10:02 WW