A-0100000620

(Requestor's Name)
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(01.40).4.47(0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
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<u> </u>
(Document Number) .
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Certified Copies Certificates of Status
Considerations to Filing Officer
Special Instructions to Filing Officer:

Office Use Only



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09/14/09--01004--015 **35.00

SECRETARY OF STA

COVER LETTER

TO: Registration Section				
Division of Corporations				
SUBJECT: Laramie R				
Name of Limited Partne	rship or Limi	ited Liabi	lity Limi	ted Partnership
DOCUMENT NUMBER:	A	.01000	0006	20
The enclosed Statement of Change of R fee(s) are submitted for filing.	legistered C	Office ar	ıd/or Re	egistered Agent and
Please return all correspondence concer	ning this m	atter to:		
Holly M. Jones			_	
Contact Person				
Shopping Center Marketing Firm/Company	Group, Inc). 	- 	
4625 E. Bay Drive, Suit	te 310			
Address			_	
Clearwater, Florida 33			_	
City, State and Zip Code	;			
scmg@knology	∕.net			
E-mail address: (to be used for future annu	ual report not	ification)		
For further information concerning this	matter, ple	ase call:		
Holly M. Jones	at (727)	586-1000
Name of Contact Person			ind Dayt	ime Telephone Number
Enclosed is a \$35.00 check made payab	le to the Fl	orida De	partme	ent of State.
STREET ADDRESS:		MAII	LING A	ADDRESS:
Registration Section				Section
Division of Corporations				Corporations
Clifton Building			Box 632	
2661 Executive Center Circle		Tallah	assee, l	FL 32314

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.

	Name of Limited Partnership or Lim		•	
2	05/04/2001		A01000000620	
Date	of filing/registration in Florida	Flori	da document number	
4. The name Department o	of the registered agent and the registered f State:	office address as show	n on the records of the Florida	
	CB Richard Ellis, Inc. Atl	·····	osmas	
	Narr	e		
	210 E. Kennedy B			
	Addn	ess	2-4 ·	
•		Tampa, Florida 32602		
	City, State	and Zip	≥ 20	
5. The name	and Florida street address of the new regis	tered agent and/or off	ice:	
	Shopping Center Marketi	ng Group, Inc. A	ttn: Hr R. F. ST	
	Nam	e		
	4625 E. Bay Dr			
	Florida street address (P.C	D. Box not acceptable)		
	Clearwater	FL 33	3764	
	City, State			
6. Such chang	ers) is/ar effective when filed by the Flo	rida Department of St	ate.	
	3/	-		
Signature of C	aueral Partner			
_				
I hereby acception of the comply with the	t the appointment as registered agent and e provisions of all statutes relative to the	agree to act in this co	apacity. I further agree to	
and I am famil	iar with an accept the obligations of my p	osition as registered a	agent.	
Signature a CD	egistored Agent			

Certified Copy (optional): \$52.50