

A010000001541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

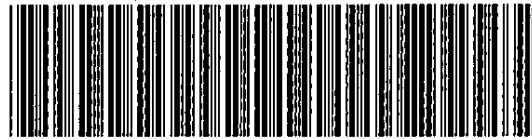
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN -6 PM 12:41

B. B. B. JUN 09 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2008

MORA INVESTMENT MANAGEMENT LIMITED PARTNERSHIP
9 WEST STAR ISLAND DRIVE
MIAMI BEACH, FL 33139

SUBJECT: MORA INVESTMENT MANAGEMENT LIMITED PARTNERSHIP
Ref. Number: A01000001541

We have received your document for MORA INVESTMENT MANAGEMENT LIMITED PARTNERSHIP and your check(s) totaling \$500.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records reflect the annual report/uniform business report for the above entity was filed on April 24, 2008. Please see the attached printout.

Enclosed please find the form and instructions form changing the registered agent and registered office on our records. Please note the fee to file the registered agent and registered office change form is only \$35. Please be sure to list the exact legal name of the registered agent. Please refer to the enclosed computer printout for the exact legal name of the registered agent.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 608A00028599

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORA INVESTMENT MANAGEMENT LP
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: 401000001541

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOHN R. ANZIVINO

(Contact Person)

KAUFMAN ROSSIN & COMPANY

(Firm/Company)

2699 S. BAYSHORE DRIVE, SUITE 500

(Address)

MIAMI, FL 33133

(City, State and Zip Code)

For further information concerning this matter, please call:

SUSAN M. CAHILL

(Name of Contact Person)

at (305) 858 5600

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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 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. MORA INVESTMENT MANAGEMENT LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/20/2001
Date of filing/registration in Florida

3. AD10000001541
Florida document number

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

KLINE, CHARLES C
Name

200 S. BISCAYNE BLVD SUITE 4900
Address

MIAMI FL 33131
City, State and Zip

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

KAUFMAN ROSSIN + COMPANY, A PROFESSIONAL ASSOCIATION
Name

2699 S. BAYSHORE DRIVE SUITE 500
Florida street address (P.O. Box not acceptable)

MIAMI FL 33133
City, State and Zip

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

Modesto M. Mora
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 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.

Don Carrell
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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