

A02000001075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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M. THOMAS

DEC 22 2008

EXAMIN

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: STP REDEVELOPMENT II, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A02000001075

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:

Joel B. Giles

(Contact Person)

Carlton Fields, P.A.

(Firm/Company)

200 Central Avenue, Suite 2300

(Address)

St. Petersburg, Florida 33701-4352

(City, State and Zip Code)

For further information concerning this matter, please call:

Joel B. Giles

(Name of Contact Person)

at (727) 821-7000

(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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. STP REDEVELOPMENT II, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/07/2002

Date of filing/registration in Florida

3. A02000001075

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:

GREGORY S. SEMBLER

Name

5858 CENTRAL AVENUE

Address

ST. PETERSBURG FL 33743 US

City, State and Zip

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

CFRA, LLC

Name

Corporate Center Three at International Plaza, 4221 W. Boy Scout Boulevard, Suite 1000

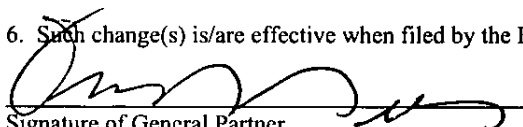
Florida street address (P.O. Box not acceptable)

Tampa

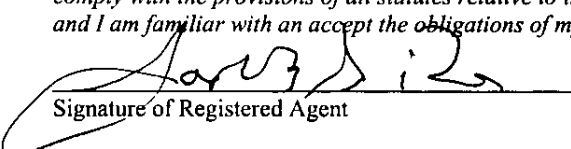
FL 33607-5736

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 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.


Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA