# A03000001124

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### **COVER LETTER**

TO: Registration Section	
Division of Corporations	William De La Caracia de La Ca
SUBJECT: SCHONFELD I  (Name of Limited Partnership or Li	mited Liability Limited Partnership
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DOCUMENT NUMBER: A030000	)1124
The enclosed Statement of Change of Register fee(s) are submitted for filing.	ered Office and/or Registered Agent and
Please return all correspondence concerning t	his matter to:
	·····
ROBERT M. WOLF	
(Contact Person)	
MANN & WOLF LLP	
(Firm/Company)	
EE N D Eth Amonus Cuito E	20
55 N.E. 5th Avenue -Suite 50 (Address)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
(* 12	
Boca Raton, Florida 33432	·····
(City, State and Zip Code)	
For further information concerning this matter	r, please call:
ROBERT M. WOLF	at ( 561 ) 338-5060
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a \$35,00 check made payable to t	he Florida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

INHS04 (01/06)

Tallahassee, FL 32301

LAW OFFICES OF

## MANN & WOLF, LLP

55 NE 5<sup>TH</sup> AVENUE, SUITE 500 BOCA RATON, FL 33432

TEL: (561) 338-5060 BROWARD LINE: (954) 427-6200 FAX: (561) 395-4701 e-mail: rmwboca@aol.com

Sunrise Office:

Sunrise, FL 33351

Tel: (954) 572-9944

Fax: (954) 572-6070

4300 N. University Drive, Suite C-203

Andrew L. Mann, Esq.
Robert M. Wolf, Esq.
Board Certified in Taxation
LL.M. in Taxation
Admitted in Florida and New York

October 15, 2007

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ATT: LESLIE SELLERS, Document Specialist

Re: Schonfeld Enterprises, LLLP

Ref. Number: A03000001124

#### Gentlemen:

Pursuant to your notice of September 27, 2007, a copy of which is enclosed, we are enclosing herewith Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Limited Partnership on behalf of the above company.

Thank you for your courtesy in this matter.

Sincerely,

Robert M. Wolf

RMW*:jt* Enc.



September 27, 2007

ROBERT M. WOLF MANN & WOLF LLP 55 NE 5TH AVENUE, STE. 500 BOCA RATON, FL 33432

SUBJECT: SCHONFELD ENTERPRISES, LLLP

Ref. Number: A03000001124

We have received your document for SCHONFELD ENTERPRISES, 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):

The form you submitted is for a corporation, but your entity is a limited liability limited partnership. Please complete and return the enclosed blank form(s).

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) 245-6967.

Letter Number: 407A00056795

Leslie Sellers Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassaa, Florida 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.

1. SCHONFELD ENTERPRISES, LI	,LP
Name of Limited Partnership or Limi	ted Liability Limited Partnership
2. 8-6-2003	3. A030000001124
Date of filing/registration in Florida	Florida document number
4. The name of the registered agent and the registered o Department of State:	ffice address as shown on the records of the Florida
MANN & WOLF LLP	
Name	e
33 S.E. 4th Street	, Ste 102
Addre	
Boca Raton, Fl 334	32
City, State	and Zip
5. The name and Florida street address of the new regis	tered agent and/or office:
MANN & WOLF, LLP	<del></del>
Name	e
55 N.E. 5th Ave.	, Suite 500
Florida street address (P.C	D. Box not acceptable)
Boca Raton	FL 33432
City, State	and Zip
6. Such change(s) is/are effective when filed by the Floring Schonfeld.  Signature of General Partner	rida Department of State.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with an accept the obligations of my p	proper and complete performance of my duties.

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50