A0400001978

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: 200 Brickell, Ltd. Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER: A04000001978 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: Kathy Moro Contact Person Frank Weinberg Black, P.L. Firm/Company 7805 SW 6th Court Address Plantation, FL 33324 City, State and Zip Code Lynda. Watkins@Stiles.com KMoro@fwblaw.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lynda Watkins _at (<u>_954)_627-9350_</u> Area Code and Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section

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

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

1. 200 Brickell	, Ltd.				
No	ame of Limited Partnership or Li	mited Liability Limited Partnershi	p		
2. 12/13/2004		3. <u>A040000019</u> 78	3. A04000001978		
	g/registration in Florida	ent number			
4. The name of the re Department of State:	egistered agent and the registered	I office address as shown on the re	ecords of the Flori	da	
	CORPORATION SERVI	CE COMPANY			
		me			
	1201 HAYS STREET		: [:3	,	
	Ado	lress	-34		
	TALLAHASSEE, FL 32.	301-2525	SEP SEP) }	
		te and Zip	28)	
5. The name and Flor	rida street address of the new reg	istered agent and/or office:	\triangleright		
	FRANK WEINBERG &	BLACK P.L.	 		
		me	ter -	i	
	1875 NW CORPORATE C/O STEVEN DEUTSCI				
		P.O. Box not acceptable)			
	BOCA RATON	FL_33431			
	City, Sta	te and Zip			
6. Such change(s) is/	are offective when tiled by the F	lorida Department of State.			
Signature of General	Partney				
comply with the provi		ind agree to act in this capacity. I he proper and complete performat position as registered agent.			
Signature of Register	ed Agent				

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50