405000000697

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Atlantic Properties Venture, I Name of Limited Partnership o	L td. or Limited Liability Limited Partnership	
DOCUMENT NUMBER: A05000000697		
The enclosed Statement of Change of Registe fee(s) are submitted for filing.	ered Office and/or Registered Agent and	
Please return all correspondence concerning t	this matter to:	
Kathy Moro		
Contact Person		
Frank Weinberg Black, P.L.		
Firm/Company		
7805 SW 6th Court		
Address	ි. ග	
Plantation, FL 33324	₂	
City, State and Zip Code		
Lynda. Watkins@Stiles.com KM E-mail address: (to be used for future annual rep		
For further information concerning this matte	or inlease call:	
. W. Tarrier III. Marie Vincerning III. Marie	n, preuze curr.	
	at (954) 627-9350	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to t	the 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 32301	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.

L. <u>Atlantic P</u>	roperties Venture, Ltd.		
	Name of Limited Partnership or Li	mited Liability Limited Partners	hip
2. 04/08/200	5	3A0 <u>50</u> 00 <u>000</u> 697	
	ling/registration in Florida	Florida docun	nent number
4. The name of the Department of Stat	e registered agent and the registered	d office address as shown on the	records of the Florida
	CORPORATION SERVI	CE COMPANY	
		ime	
	1201 HAYS STREET		
		iress	- 3:
	TALLAHASSEE, FL 32.	301-2525	4
	City, Sta	te and Zip	. 15
5. The name and F	lorida street address of the new reg	sistered agent and/or office:	3 3 5 5 5 7
	FRANK WEINBERG &	BLACK P.L.	つ
	-	ame	5.9
	1875 NW CORPORATE C/O STEVEN DEUTSCI		, 3
		P.O. Box notacceptable)	
	BOCA RATON	FL_33431	
	City, Sta	te and Zip	
6. Such change(s)	is/are effective when filed by the F	lorida Department of State.	
Signature of Gener	ral Partner	-	
I hereby accept the comply with the pr	e appointment as registered agent of ovisions of all statutes relative to the obligations of my	he proper and complete perform	
Signature of Regis	Turad Agant	-	
Signature of Regis.	істей Адені		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50