

A05184

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D. SHOSFY

6101 SW 123 TERR.

MIAMI, FL 33156

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 4, 2004

D. SHOSFY
6101 SW 123 TERR.
MIAMI, FL 33156

SUBJECT: HARRIS ASSOCIATES, LTD.
Ref. Number: A05184

We have received your document for HARRIS ASSOCIATES, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 304A00063400

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

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Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Harris Associates, Ltd.
Name of the limited partnership

2. August 8, 1976 3. A05184
Date of filing/registration in Florida Document number assigned

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

Wilner, BRUCE S
Name
9990 SW 77 Avenue STE 200
Address
Miami, FL 33156
City, State and Zip

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

Atrium Registered Agents, INC.
Name
1500 San REMO Avenue Suite 125
Florida street address (P.O. Box not acceptable)
Coral Gables FL 33146
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Bruce Wilner, VP of HDR Enterprises Inc AS CBM PART OF HARRIS ASSOCIATES LTD
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

ATRUM REGISTERED AGENTS, INC.

By: Robert A. Stamen, VICE PRESIDENT

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00