

A 070000006689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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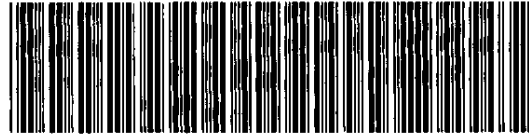
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON  
JUL 21 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CYPRESS CREEK CAPITAL/TAMPA LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A07000000689

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:

Maria Scheker

Contact Person

BFC Financial Corporation

Firm/Company

2100 West Cypress Creek Road

Address

Fort Lauderdale, FL 33309

City, State and Zip Code

mscheker@bfcfinancial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Scheker

Name of Contact Person

at ( 954 )

940-4904

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

**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. CYPRESS CREEK CAPITAL/TAMPA, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 5/14/2007 3. A07000000689  
Date of filing/registration in Florida 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:

Seth Werner  
Name  
200 S. Park Road, Suite 301  
Address  
Hollywood, FL 33021  
City, State and Zip

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

Seth Wise  
Name  
2100 West Cypress Creek Road  
Florida street address (P.O. Box not acceptable)  
Fort Lauderdale FL 33309  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

CCC East Kennedy GP, LLC  
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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