

A07000001407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

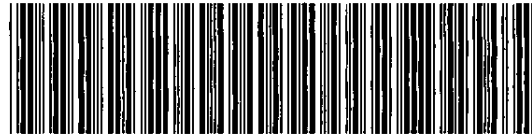
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

SEP 25 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** CROSSROADS FLEXXOFFICE 2, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A07000001407

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:

LINDA K. ADLER

(Contact Person)

c/o Adler Group, Inc.

(Firm/Company)

1400 NW 107 Avenue - 5th Floor

(Address)

Miami, FL 33172

(City, State and Zip Code)

For further information concerning this matter, please call:

Linda K. Adler

(Name of Contact Person)

at ( 305 ) 392-4050

(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

INHS04 (01/06)

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2008 SEP 22 AM 10:44  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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. CROSSROADS FLEXXOFFICE 2, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/21/2007

Date of filing/registration in Florida

3. A07000001407

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:

JOEL LEVY

Name

1400 NW 107 Avenue - 5th Floor

Address

Miami, FL 33172

City, State and Zip

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

LINDA K. ADLER

Name

1400 NW 107 Avenue -5th Floor

Florida street address (P.O. Box not acceptable)

Miami FL 33172

City, State and Zip

~~6. Such changes shall be effective when filed by the Florida Department of State.~~

Signature of General Partner

Brett W. Harris  
Executive Vice President

*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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TALLAHASSEE, FLORIDA