

A14955Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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RECEIVED
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TALLAHASSEE, FLORIDA**REGISTERED AGENT CHANGE
CAMBRIDGE SQUARE OF HOLLYWOOD ASSOCIATES, A
LIMITED**

Certificate of Status	0
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D. BRUCE

NOV 18 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMBRIDGE SQUARE OF HOLLYWOOD ASSOCIATES, A LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A14955

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:

Patricia L Bogan

Contact Person

Gene B. Glick Co., Inc

Firm/Company

PO Box 40177

Address

Indianapolis, IN 46240

City, State and Zip Code

lbogarth@glickco.com

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

For further information concerning this matter, please call:

Patricia L Bogan

Name of Contact Person

at (317) 469-5823

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

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TALLAHASSEE, FLORIDA

INHS04 (01/06)

**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. CAMBRIDGE SQUARE OF HOLLYWOOD ASSOCIATES, A LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/28/1970 3. A14955
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:

SCHECHTER, JEROME
Name
1995 E. OAKLAND PARK BLVD.
Address
FT. LAUDERDALE FL 33306 US
City, State and Zip

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

CT Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

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

[Signature]
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 an accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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