

**A 31005**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

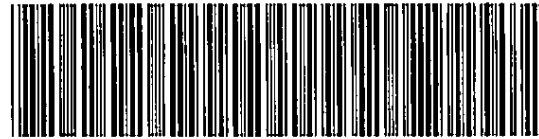
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** East Town Shopping Center LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A31005

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:

Kristin M Muir

Contact Person

East Town Shopping Center LLLP

Firm/Company

334 NE 1st Ave

Address

Delray Beach, FL 33444

City, State and Zip Code

rmc@muirs.org

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

For further information concerning this matter, please call:

Kristin Muir

Name of Contact Person

at ( 561 ) 392-7777

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. East Town Shopping Center LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/28/1990 3. A31005  
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:

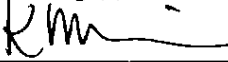
Kristin M Muir  
Name  
850 NE 5th Ave  
Address  
Boca Raton, FL 33432  
City, State and Zip

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


Kristin M Muir  
Name  
334 NE 1st Ave  
Florida street address (P.O. Box not acceptable)  
Delray Beach FL 33444  
City, State and Zip

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TALLAHASSEE, FLORIDA

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

  
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