

A93000001076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

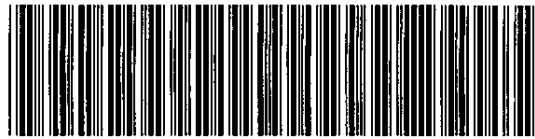
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section

Division of Corporations

**SUBJECT:** Fisherman's Wharf Realty Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A930000001076

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:**

**Kelly McNamara**

(Contact Person)

## Denholtz Associates

(Firm/Company)

580 Village Boulevard, Suite300

(Address)

**West Palm Beach, FL 33409**

(City, State and Zip Code)

For further information concerning this matter, please call:

at ( 561 ) 242-0100

(Name of Contact Person)

(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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**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. Fisherman's Wharf Realty Limited Partnership**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 10/15/1993**

Date of filing/registration in Florida

**3. A93000001076**

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:**

**Mark A. Emalfarb**

Name

**140 Intracoastal Pointe Dr, Suite 404**

Address

**Jupiter, FL 33477**

City, State and Zip

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

**Mark A. Emalfarb**

Name

**193 Spyglass Court**

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

**Jupiter, FL 33477**

FL

City, State and Zip

**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**

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