

APR/05/2010/MON 04:51 PM

FAX No.

P. 002

Division of Corporations

Page 1 of 1

A95000001174

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number.
(shown below) on the top and bottom of all pages of the document.

((H10000062142 3)))



H100000621423ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From: Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
Account Number : 076150002103
Phone : (305) 444-0101
Fax Number : (305) 444-0174

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cgayol@mwbm.com

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
C C 1 LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

C. LEWIS
APR 6 2010
EXAMINER

RECEIVED

10 APR -5 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

APR/05/2010/MON 04:51 PM

FAX No.

P.001

850-817-8381

3/31/2010 10:36:28 AM PAGE

1/001

Fax Server



March 31, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C C 1 LIMITED PARTNERSHIP
220 ALHAMBRA CIRCLE
SUITE 304
CORAL GABLES, FL 33134

SUBJECT: C C 1 LIMITED PARTNERSHIP
REF: A95000001174

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

✓ A general partner must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H10000062142
Letter Number: 210A00007861

H100000621423

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CC1 Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A95000001174

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:

Cari Gayol

Contact Person

Murai Wald Biondo & Moreno, PA

Firm/Company

1200 Ponce de Leon Boulevard

Address

Coral Gables, FL 33134

City, State and Zip Code

cgayol@mwbm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cari Gayol

Name of Contact Person

at (305) 444-0101

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)

H100000621423

H100000621423

**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. CC1 Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/03/1995
Date of filing/registration in Florida
3. A95000001174
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:

Muriel Wald Blondo & Moreno, P.A.
Name

2 Alhambra Plaza, Penthouse 1B
Address

Coral Gables, FL 33134
City, State and Zip

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

(same registered agent)
Name

1200 Ponce de Leon Boulevard
Florida street address (P.O. Box not acceptable)

Coral Gables FL 33134
City, State and Zip

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

Carlos M. de la Cruz
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.

M. Cristina Moreno
Signature of Registered Agent

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

2010 APR -5 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H100000621423