

A96000000864

Joel and Elaine Ehrenkranz Family Partnership, Ltd.
Requester's Name

10867 Whitehawk Street
Plantation, FL 33324-2183

200008010742--6
-09/25/02--01021--003
*****35.00 *****35.00

10/14

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. A96-864 (Corporation Name) (Document #)

2. (Corporation Name) (Document #) R/A change

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
02 OCT 14 AM 9:04
TALLAHASSEE FLORIDA
SECRETARY OF STATE

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 30, 2002

N. JOEL AND ELAINE EHRENKRANZ FAMILY PARTNERSHIP, LTD.
10867 WHITEHAWK STREET
PLANTATION, FL 33324-2183

SUBJECT: N. JOEL AND ELAINE EHRENKRANZ FAMILY PARTNERSHIP,
LTD.
Ref. Number: A96000000864

We have received your document for N. JOEL AND ELAINE EHRENKRANZ FAMILY PARTNERSHIP, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Registered Agent listed in section 4 of the application must be identical to the current Registered Agent on record. Please refer to the attached print out.

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.

Michelle Hodges
Document Specialist

Letter Number: 702A00054989

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. N. JOEL AND ELAINE EHRENKRANZ FAMILY PARTNERSHIP, LTD
Name of the limited partnership

2. 5/7/1996
Date of filing/registration in Florida

3. A 96 000000864
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: INTRASTATE REGISTERED AGENT CORPORATION
HOLLAND KNIGHT LLP
Name
701 BRICKELL AVE, SUITE 3000
Address
MIAMI, FL 33131
City, State and Zip

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

N.J. EHRENKRANZ
Name
10867 WHITEHAWK ST.
Florida street address (P.O. Box not acceptable)
PLANTATION FL 33324
City, State and Zip

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TALLAHASSEE FLORIDA

6. Such change(s) was/were authorized by the general partners.

[Signature]
Signature of General Partner TRUSTEE

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00