A970000328

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e#)
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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DEC - 8 2011

EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Bean Name of Limited Partner	Family In	<u>vestme</u>	ents, Ltd.	
Name of Limited Partne	ership or Limite	ed Liabili	ity Limited Partnership	
DOCUMENT NUMBER:	A9700000328			
The enclosed Statement of Change of Ffee(s) are submitted for filing.	Registered O	ffice and	d/or Registered Agent and	
Please return all correspondence concer	rning this ma	tter to:		
Christopher Rober	ts		_	
Contact Person				
Kendall Toyota			_	
Firm/Company				
10943 South Dixie Hig	jhway			
Address			<u>,</u>	
Miami, FL 33156				
City, State and Zip Code	<u> </u>			
mrodriguez@kendalit	loyota.com			
E-mail address: (to be used for future ann	ual report notif	ication)		
For further information concerning this	matter, plea	se call:		
Christopher Roberts	at (305	728-6840	
Name of Contact Person	Are	a Code an	nd Daytime Telephone Number	
Enclosed is a \$35.00 check made payab	ole to the Flo	rida Der	partment of State.	
STREET ADDRESS:		MAILI	ING ADDRESS:	
Registration Section			ration Section	
Division of Corporations	•		on of Corporations	
Clifton Building			Box 6327	
2661 Executive Center Circle		Tallaha	assee, FL 32314	
Tallahassee, FL 32301				

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	Bean Family Ir				
	lame of Limited Partnership or Li	mited Liability I	Limited Partnership		
2.	02/05/1997	3.	A97000000	0328	
Date of fili	ng/registration in Florida	· ——	Florida document	number	
4. The name of the Department of State	registered agent and the registered:	l office address a	as shown on the reco	rds of the Florida	
	BEAN, G	ERALD F			
	Name				
	10943 SOUTH [DIXIE HIGHV	VAY	* • • •	
	Add	lress			
	MIAMI F	L 33156		新巴	#MP#
	City, Stat	e and Zip	•	-7	1
5. The name and FI	orida street address of the new reg	istered agent an	d/or office:	PMI OF EE. F	
	Christophe	er Roberts		FLOR	N _{Ame}
	Na	me		NIDA RIDA	
	Florida street address (P	O. Box not acc	eptable)		
		FL			
	City, Stat	e and Zip			
6. Such change(s) is By: Bean In	s/arg effective when filed by the F	lorida Departme s Genera l	nt of State. Partner		
Signature of Gonera		a Soberon	, Vice Presi	.dent	
I hereby accept the comply with the pro and I am familiar w	appointment as registered agent a visions of all statutes relative to th i th an accept the obl igations of my	e proper and co	mplete performance		
Signature of Registe	red Agent				

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50