

A9800000932

(Requestor's Name)

11428 SW 109th Rd.

(Address)

Miami, FL 33176

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

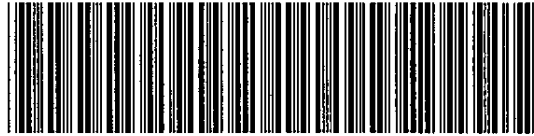
Special Instructions to Filing Officer:

L. SELLERS

JUN 19 2008

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUN 17 PM 1:43

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: 2727 CRN PARTNERS, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A98000000932

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:

Laurence S. Forman

(Contact Person)

2727 CRN Partners, Ltd.

(Firm/Company)

11428 SW 109 Road

(Address)

Miami, FL. 33176

(City, State and Zip Code)

For further information concerning this matter, please call:

Martha Cano

(Name of Contact Person)

at (305) - 595-8232 x1133

(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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2008

2727 CRN PARTNERS, LTD.
11428 SW 109TH ROAD
MIAMI, FL 33176

SUBJECT: 2727 CRN PARTNERS, LTD.
Ref. Number: A98000000932

We have received your document for 2727 CRN PARTNERS, 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 form you submitted is for a corporation, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

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

Letter Number: 008A00028936

**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. 2727 CRN Partners, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 4/15/98
Date of filing/registration in Florida

3. A98000000932
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:

Marshall R. Pasternack, P.A.
Name

200 South Biscayne Blvd. #2500
Address

Miami, FL 33131
City, State and Zip

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

David Forman
Name

11428 SW 109 Road
Florida street address (P.O. Box not acceptable)

Miami FL 33176
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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