A4800003439

(Re	equestor's Name)	
(Ac	idress)	
`	,	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
	·	
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	-	
Special Instructions to	Filing Officer:	

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DB DEC 17 AM IO: 43

M. THOMAS

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: STP REDEVELOPMENT, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A98000002439

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:

Joel B. Giles

(Contact Person)

Carlton Fields, P.A.

(Firm/Company)

200 Central Avenue, Suite 2300

(Address)

St. Petersburg, Florida 33701-4352

(City, State and Zip Code)

For further information concerning this matter, please call:

Joel B. Giles

⊶ (727

\821-7000

(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

INHS04 (01/06)

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

DEC 17 AMIO: 43

08 DEC 17 AM ID: 43

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.

	office or registered agent, or t	ooth, in the state of Florida.		
1	VELOPMENT, Ltd.			
Na	me of Limited Partnership or Lim	ited Liability Limited Partnership	;	
_{2.} 10/27/1998		_{3.} A98000002439		
Date of filing/registration in Florida		Florida documen	Florida document number	
4. The name of the re Department of State:	gistered agent and the registered of	ffice address as shown on the rec	ords of the	Florida
	GREGORY S. SEM	BLER		
	Nam	e		
	5858 CENTRAL AV	ENUE		
	Addre	SS		
	ST. PETERSBURG	FL 33743 US		<u>`</u>
	City, State	and Zip		7
5. The name and Flor	ida street address of the new regis	tered agent and/or office:		*S.
	CFRA, LLC			m _C
	Nam	e		ES:
	Corporate Center Three at International	Plaza, 4221 W. Boy Scout Boulevard,	Suite 1000	AE E
	Florida street address (P.C	D. Box not acceptable)		D .
	Tampa	_{FL} 33607-573	6	
	City, State	and Zip		
6. Such change(s) is/a	are effective when filed by the Flor	rida Department of State.		
comply with the provi	pointment as registered agent and sions of all statutes relative to the an accept the obligations of my p	proper and complete performanc		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50