

A99000000948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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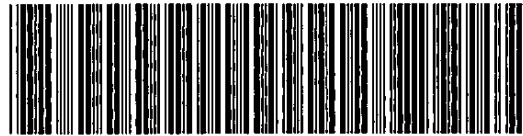
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigan SEP 14 2006

COVER LETTER

TO: Registration Section
 Division of Corporations
SUBJECT: PILBAN PARTNERSHIP, LTD

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A99000000948

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:

ALEJANDRO BRITO

(Contact Person)

ZARCO EINHORN SALKOWSKI & BRITO

(Firm/Company)

100 SE 2ND STREET - 27TH FLOORT

(Address)

MIAMI, FL 33131

(City, State and Zip Code)

For further information concerning this matter, please call:

ALEJANDRO BRITO

(Name of Contact Person)

at (305) 3745418

(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

**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. PILBAN PARTNERSHIP, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. 6/11/1999

Date of filing/registration in Florida

3. A99000000948

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:

OSORIO, AMARILIS M

Name

15 STAR ISLAND DRIVE

Address

MIAMI BEACH, FL 33139

City, State and Zip

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

ALEJANDRO BRITO

Name

100 SE 2ND STREET - 27TH FLOOR

Florida street address (P.O. Box not acceptable)

MIAMI

FL 33131

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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