

B000000000395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

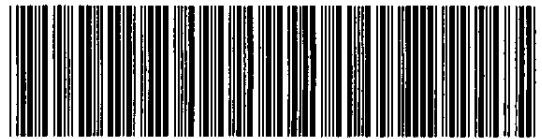
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

08 DEC 29 AM 11:44

N. G. G. DEC 30 2008



200 West Adams Street, Suite 2007

Chicago, IL 60606

(312) 346-3606

(800) 934-2556

Fax: (312) 346-3607

December 23, 2008

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
PO Box 6327
Tallahassee, FL 32314

**RE: CROWNE ORMOND BEACH ASSOCIATES, LIMITED PARTNERSHIP
CROWNE ST. LUCIE ASSOCIATES, LIMITED PARTNERSHIP**

Dear Sir or Madam:

Enclosed are the forms necessary to change the registered agent and registered office for each of the above referenced entities, together with a check representing the filing fees.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura L. Lightholder", written over a horizontal line.

Laura L. Lightholder

enclosures

**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. Crowne Ormond Beach Associates, Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. December 22, 2000

Date of filing/registration in Florida

3. B00000000395

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:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
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.
NRAI Services, Inc.

[Signature]
Signature of Registered Agent

Laura Lightholder, Assistant Secretary

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

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TALLAHASSEE, FLORIDA

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