Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

Fax Number

: (850)222-1092 : (850)878-5368

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. **

Email	Address:				

REGISTERED AGENT CHANGE TCR PROPERTIES LIMITED PARTNERSHIP

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C. LEWIS

MAY 1 7 2010

EXAMINER

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Corporate Filing Menu

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LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIECRETARY OF STATE STATEMENT OF CHANGE OF REGISTERED OFFICE OR TALLAHASSEE, FLORIDA 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	TCR Properties Li		
Na	me of Limited Partnership or Lim	ited Linbility Li	mited Partnership
2	05/03/2005	3	B05000000190
Date of filing	registration in Florida		B0500000190 Florida document number
4. The name of the re Department of State:	gistered agent and the registered o	offico address as	shown on the records of the Florida
	CORPORATION SER	VICE COMPA	NY
	Nam	t	
	1201 HAYS	STREET	
	Addre	22	
	TALLAHASSEE,	FL 32301-2525	
	City, State	and Zip	
5. The name and Flor	ids street address of the new regis	tered agent and	or office:
	C T Corporation	on System	
	Nam	t	
	1200 South Pine	Island Road	
	Florida street address (P.C). Box not accep	nable)
	Plantation	FL	33324
	City, State	and Zip	
6. Such change(s) is/a	re effective when filed by the Flo	rida Department	of State.
mania'	Basta.		
Signature of General F	arther		
comply with the provis	pointment as registered agent and itions of all statutes relative to the an accept the obligations of my p	proper and com	plete performance of my duties.
Filing Fee: Certified Copy (o)	\$35.00 otional): \$52.50		