

B05000000 307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

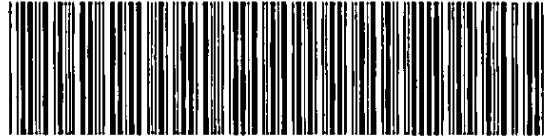
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 69th STREET PROPERTIES LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B05000000307

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:

BRIAN J. AUNGST, JR.
Contact Person
MACFARLANE FERGUSON & MCMULLEN
Firm/Company
POST OFFICE BOX 1669
Address
CLEARWATER, FL 33756
City, State and Zip Code
bja@macfar.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN J. AUNGST, JR. at (727) 441-8966
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

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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**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. 69TH STREET PROPERTIES LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 07/15/2005 3. B05000000307
Date of filing/registration in Florida 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:

EVAN D. SEIF, ESQ.
Name
2800 PONCE DE LEON BLVD., SUITE 1125
Address
MIAMI, FL 33134
City, State and Zip

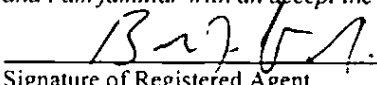
5. The name and Florida street address of the new registered agent and/or office:

BRIAN J. AUNGST, JR
Name
625 COURT STREET, SUITE 200
Florida street address (P.O. Box not acceptable)
CLEARWATER, FL 33756
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 an 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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