

B05000000499

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(Address)

(Address)

(City/State/Zip/Phone #)

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J. BRYAN SEP 21 2006

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Croft Investments Limited Partnership
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B05000000499

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:

MILTON BARBAROSH

(Contact Person)

Croft Investments Limited Partnership

(Firm/Company)

21218 St. Andrews Blvd., #417

(Address)

Boca Raton, FL 33433

(City, State and Zip Code)

For further information concerning this matter, please call:

MILTON BARBAROSH

(Name of Contact Person)

at (561) 843-5757

(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. Croft Investments Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/8/2005
Date of filing/registration in Florida

3. B05000000499
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:

Linda Coviello
Name
21218 St. Andrews Blvd., #417
Address
Boca Raton, FL 33433
City, State and Zip

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

BEN YUCKER
Name
21218 St. Andrews Blvd., #417
Florida street address (P.O. Box not acceptable)
BOCA RATON FL 33433
City, State and Zip

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

[Signature]
Signature of General Partner As President of G.P.

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]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50