

**B12000000082**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

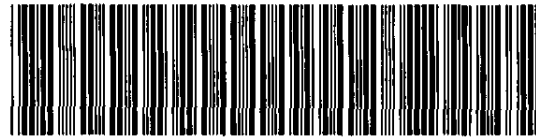
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B Tadlock MAY 04 2012**



STUART I. GROSSMAN  
WRITER'S DIRECT LINE: 305.403.2487  
E-MAIL: [sig@lklaw.com](mailto:sig@lklaw.com)

April 24, 2012

**Via Federal Express delivery**  
ATTN: BRENDA TADLOCK  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: CSC PB Beach Limited Partnership  
Document #: B12000000082

Dear Brenda:

Enclosed please find a Limited Partnership or Limited Liability Limited Partnership Statement of Change of Registered Office of Registered Agent, or Both form for filing in the above-referenced matter. Also enclosed is our check for \$35.00 for the fee for this service.

Please also make the following changes:

1. Please change the mailing address and principal address from 340 Royal Palm Way, Palm Beach, FL 33401 to **95 North County Road, Palm Beach, FL 33480.**

Thank you for your assistance. Should you have any questions, please do not hesitate to call me.

Very truly yours,



Stuart I. Grossman, P.A.

SIG:kh  
Enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CSC PB Beach Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B12000000082

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:

Stuart I. Grossman, Esq.

Contact Person

Levine Kellogg Lehman Schneider + Grossman LLP

Firm/Company

201 S. Biscayne Boulevard, 34th Floor - Miami Center

Address

Miami, FL 33131

City, State and Zip Code

sig@lklaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart I. Grossman, Esq.

Name of Contact Person

at ( 305 )

403-8788

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. CSC PB Beach Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 1/10/12  
Date of filing/registration in Florida

3. B12000000082  
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:

Crimson Property Holdings LLC  
Name  
340 Royal Palm Way  
Address  
Palm Beach, FL 33401  
City, State and Zip

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

Stuart I. Grossman, Esq.  
Name  
201 S. Biscayne Blvd., 34th Floor - Miami Cent  
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.

Edel Lewan  
Signature of General Partner, on behalf of Crimson Property Holdings, LLC

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.

Stuart I. Grossman  
Signature of Registered Agent

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

**FILED**  
2012 MAY -4 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA