

B1200000082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

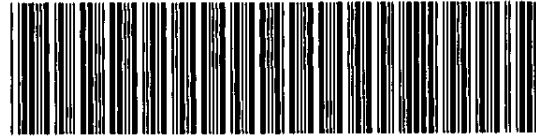
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Walt
7/17

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

Contact Person

LEVINE KELLOGG LEHMAN SCHNEIDER + GROSS

Firm/Company

201 S. BISCAYNE BOULEVARD, 22ND FLOOR

Address

MIAMI, FL 33131

City, State and Zip Code

SIG@LKLSG.COM

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

For further information concerning this matter, please call:

Stuart Grossman

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. 01/10/2012 3. B12000000082
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:

STUART I. GROSSMAN
Name
201 S. Biscayne Blvd., 34th Floor, Miami Center
Address
Miami, FL 33131
City, State and Zip

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

STUART I. GROSSMAN
Name
201 S. Biscayne Blvd., 22nd Floor
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.

Ed L. Luman (on behalf of Crimson
Signature of General Partner 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.

[Signature]
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA