

**B1200000082**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

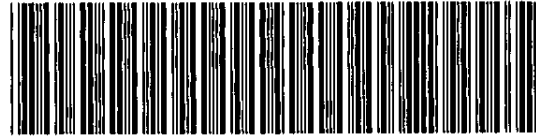
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TALLAHASSEE, FLORIDA

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*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 )

Area Code and Daytime Telephone Number

403-8788

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  
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:

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.

Edd 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.*

[Signature]  
Signature of Registered Agent

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

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