

B14000000024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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G. HARVEY
FEB 10
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Community Partners US Management LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B14000000024

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:

Michael Bellman

Contact Person

Community Partners US Management GP, Inc.

Firm/Company

638 E Atlantic Ave

Address

Delray Beach, FL 33483

City, State and Zip Code

mbellman@revest.com

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

For further information concerning this matter, please call:

Michael Bellman

Name of Contact Person

at (416)

928-5129

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. Community Partners US Management LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. February 12, 2014 3. B14000000024
Date of filing/registration in Florida Florida document number

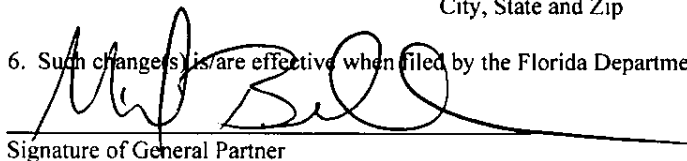
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

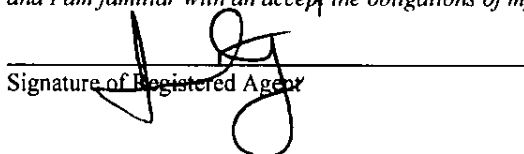
5. The name and Florida street address of the new registered agent and/or office:

Howard Steinberg
Name
638 E Atlantic Ave
Florida street address (P.O. Box not acceptable)
Delray Beach FL 33483
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 and accept the obligations of my position as registered agent.


Signature of Registered Agent

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

FILED
TALLAHASSEE, FLORIDA
FEB 12 2014

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