

B9800000595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

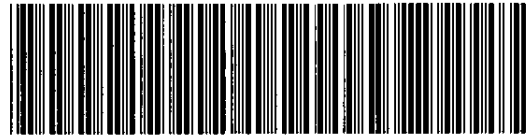
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JAN 13 2012

EXAMINER



000215360990

01/12/12--01014--016 **35.00

FILED
12 JAN 12 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



411 East Wisconsin Avenue
Milwaukee, Wisconsin 53202-4497
Tel 414.277.5000
Fax 414.271.3552
www.quarles.com

*Attorneys at Law in:
Phoenix and Tucson, Arizona
Naples and Tampa, Florida
Chicago, Illinois
Milwaukee and Madison, Wisconsin
Shanghai, China*

Writer's Direct Dial: 414.277.5541
E-Mail: becky.diller@quarles.com

January 9, 2012

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: CRF Gateway Limited Partnership
FL Document # B98000000595

Dear Sir/Madam:

Enclosed for filing is an original and one photocopy of a Statement of Change of Registered Agent and Registered Office submitted on behalf of CRF Gateway Limited Partnership. Also enclosed is a check in the amount of \$35.00 in payment of the filing fee.

Please file this change of registered agent with your Department as soon as possible and return a filed-stamped copy of the document to me. A postpaid return envelope is provided for your convenience.

Thank you for your assistance in this matter. If you have any questions, please call me.

Very truly yours,

Rebecca A. Diller
Corporate Paralegal

Enclosures
QB\15546182.1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRF GATEWAY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B98000000595

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:

BECKY DILLER

Contact Person

QUARLES & BRADY LLP

Firm/Company

411 E WISCONSIN AVE STE 2040

Address

MILWAUKEE WI 53202

City, State and Zip Code

David.Fowler@henlaw.com

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

For further information concerning this matter, please call:

BECKY DILLER

Name of Contact Person

at (414)

277-5541

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. CRF GATEWAY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/08/1998
Date of filing/registration in Florida

3. B98000000595
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:

NAPLES-LAWDOCK, INC.
Name
1395 PANTHER LANE, SUITE 300
Address
NAPLES FL 34109
City, State and Zip

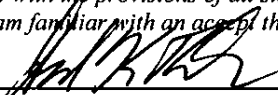
5. The name and Florida street address of the new registered agent and/or office:

DAVID K. FOWLER
Name
C/O HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
1648 PERIWINKLE WAY SUITE B
Florida street address (P.O. Box not acceptable)
SANIBEL FL 33957
City, State and Zip

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


Signature of General Partner CRF GATEWAY, INC.
BY MICHELE A. WILLIAMS, VICE PRESIDENT

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 DAVID K. FOWLER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 12 PM 2:58

FILED