

1399000000370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: The Marina at Marina Bay, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B99000000370

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:

Jack Taplin

(Contact Person)

The Marina at Marina Bay, L.P.

(Firm/Company)

13651 NW 4th Street

(Address)

Pembroke Pines, FL 33028

(City, State and Zip Code)

For further information concerning this matter, please call:

Jack Taplin

(Name of Contact Person)

at (954) 437-1435

(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

INHS04 (01/06)

**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. The Marina at Marina Bay, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/12/1999

Date of filing/registration in Florida

3. B99000000370

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:

Sarah Ward

Name

13651 NW 4th Street

Address

Pembroke Pines, FL 33028

City, State and Zip

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

Robert Montaperto

Name

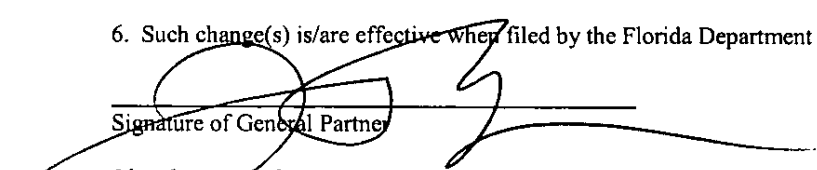
13651 NW 4th Street

Florida street address (P.O. Box not acceptable)

Pembroke Pines FL 33028

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

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