LD500032500

(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:		
9,115		

Office Use Only



200111009382

10/22/07--01028--020 ++35.00

2007 DEC 14 PH 1:59
SECRETARY OF STATE
ANALYSEF FI ORIDA

COVER LETTER

Division of Corporations		
SUBJECT: C.A. Investors, L.L.C.		
(Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Michele B. Softness, Esquire		
(Name of Person)		
Isicoff, Ragatz & Koenigsberg (Firm/Company)		
(гин/сопрану)		
1200 Brickell Avenue, Suite 1900		
(Address)		
Miami, Florida 33131		
(City/State and Zip Code)		
For further information concerning this matter, please	call:	
Michele B. Softness at (30	05) 373–3232	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	



October 24, 2007

MICHELE B. SOFTNESS ESQ. ISICOFF, RAGATZ & KORNIGSBERG 1200 BRICKELL AVENUE, STE. 1900 MIAMI, FL 33131

SUBJECT: C.A. INVESTORS, L.L.C.

Ref. Number: L05000032500

We have received your document for C.A. INVESTORS, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 507A00062518

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the limited liability company is: ____C.A. Investors, L.L.C. 2. The mailing address of the limited liability company is: ____1200 Brickell Avenue, Suite 1900 Miami, Florida 33131 4/1/05 L05000032500 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Ramon Dezubiria Name 3914 Hawks Court Address Weston, Florida 33331 City, State and Zip 6. The name and address of the new registered agent and/or office: Eric D. Isicoff, Esquire Name 1200 Brickell Avenue, Suite 1900 Florida street address (P.O. Box NOT acceptable) Miami. City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a (Printed or typed name of signee) 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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter olde, R.S. On inthis document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change. Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

•