## L09000043368

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Chariel Instructions to Filing Officer		
Special Instructions to Filing Officer:		

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08/18/10--01026--020 \*\*275.00

L. SELLERS

AUG 1 9 2010

**EXAMINER** 

Office Use Only

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CRTI EXEMPT: IN	NVESTORS I. LLC
	Limited Liability Company
lvame 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	g this matter to the following:
David K. Fowler  Name of Person	; 
Name of Person	
Henderson, Franklin, Starnes & H	Holt, P.A.
Firm/Company	
1648 Periwinkle Way, Suite B	
Address	
Sanibel, FL 33957  City/State and Zip Code	
Cuy/state and Zip Code	
1	
david.fowler@henlaw.com  E-mail address: (to be used for future annual report	notification
E-man address. (to be used for fature annual report	Hourication)
For further information concerning this ma	tter, please call:
_	
David Fowler Name of Person	at ( 239 ) 344–1353  Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytine Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	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 follow	ing amount:
X \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## \* 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.

Name of the limited liability company:CRTI_EXEM	PT INVESTORS I, LLC	
2. (a) Principal office address of limited liability company		
(Note: MUST BE STREET ADDRESS)	75 NE 6th Ave., Suite 101  Delray Reach, FL 33483	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	75 NE 6th Ave., Suite 101 Delray Beach, FL 33483	
5/4/2009	L09000043368	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	Cheryl Smith Lucente	
Registered Office Address:	c/o DLA Piper LLP	
	100 N. Tampa St. Suit 2200 Tampa, FL 33602	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Henderson, Franklin, Starnes &Holt, P.A.  1648 Periwinkle Way, Suite B Sanibel ,FL 33957	
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
Printed or typed name of signce	·	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, H.S. Or, if this document is being filed to mer address, I hereby confirm that the symited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, it into a segistered agent as provided for in ely reflect a change in the registered office has been notified in writing of the change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

INHS18 (05/08)