L10000011079

(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:

L. SELLERS
AUG 1 9 2010

EXAMINER

Office Use Only



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

SEGRETARY OF STATE



Island Medical & Business Center 1648 Periwinkle Way, Suite B • Sanibel, FL 33957 Tel: 239.344.1100 • Fax: 239.344.1200 • www.henlaw.com

Fort Myers • Bonita Springs

Reply to Maureen E. Lee, FRP Paralegal Direct Fax Number 239 344 1561 Direct Dial Number 239.344.1359 E-Mail maureen.lee @henlaw.com

August 17, 2010

VIA FEDERAL EXPRESS

Registration Section
Tallahassee Division of Corporations
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32301

Re: Registered Agent Change

Dear Sir or Madam:

Enclosed herein is check number 523519 in the amount of \$275.00, covering the \$25.00 filing fees for the each of the enclosed Change of Registered Agent forms, indicated below:

- 1) CR Tax investments II, LLC;
- 2) CRTI Exempt Investors II, LLC;
- 3) FTLC, LLC;
- 4) Florida Bids, LLC;
- 5) TW Investors, LLC;
- 6) CRS Tanglewood, LLC;
- 7) CRS Apollo, LLC;
- 8) 1571 Estuary Trail, LLC;
- 9) Livingston and Pine Ridge, LLC;
- 10) CRS South, LLC;
- 11) CRTI Tax Investors I, LLC.

Registration Section August 17, 2010 Page 2

We appreciate your assistance in this matter and look forward to on-line confirmation of the change in registered agent as indicated above.

If you have any questions or require additional information, please do not hesitate to contact us.

Sincerely, Maureen Lee

Maureen E. Lee, FRP

Paralegal

/mel

Enclosures

COVER LETTER

то:	Registration Section Division of Corpo		
SUBJI	ECT:	R TAX	INVESTMENTS II, LLC
			Name of Limited Liability Company
Dear S	Sir or Madam:		
The en	closed Registered	Agent/F	Registered Office Change and fee(s) are submitted for filing.
Please	return all correspon	ndence	concerning this matter to the following:
	David K. Fowler		
	Nam	e of Pers	on
			Starnes & Holt, P.A.
	Firm	/Compan	ру
	1648 Periwinkle A	Way,	Suite B
	Sanibel, FL 339	57	
		e and Zip	2 Code
	david.fowler@he		
E-	mail address: (to be used	or future	annual report notification)
For fu	rther information co	ncerni	ng this matter, please call:
	David K. Fowler		at (<u>239</u>) <u>344-1353</u>
	Name of Perso	n	Area Code & Daytime Telephone Number
	STREET/COURIE	R ADI	DRESS: MAILING ADDRESS:
	Registration Section		Registration Section
	Division of Corpora	tions	Division of Corporations
	Clifton Building	4 C'	P.O. Box 6327
	2661 Executive Cen Tallahassee, Florida		cle Tallahassee, Florida 32314
	Enclosed is a che	ck for	the following 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.

1. Name of the limited liability company: CR_TAX_INV	VESTMENTS II, LLC
2. (a) Principal office address of limited liability company	/:
(Note: MUST BE STREET ADDRESS)	75 NE 6th Ave., Suite 101 Delray Beach, FL 33483
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Same as above
2/11/10	L10000016079
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	David A. Beyer
Registered Office Address:	DLA Piper LLP 100 North Tampa St. Suite 2200 Tampa, FL 33602
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :	W Registered Office address:
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 confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signce I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided and the provisions of the obligations of my pool Chapter of R. F.S. Or, if this document is being filled to me address, thereby confirm that the limited liability company. Signature of Registered Agent	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles provided