

AG3000000303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R/A change

AG3-303

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LAW OFFICE
SADER & LeMAIRE, P.A.
A PROFESSIONAL ASSOCIATION

Robert L. Sader*
Michael R. LeMaire

* Also admitted in Ohio
(Inactive)

Via Federal Express

February 7, 2005

Secretary of State
Division of Corporations
Attention: Amendment Section
409 East Gaines Street
Tallahassee, FL 32399

Re: TRIPLE R ASSOCIATES, LTD., a Florida limited partnership

Dear Sir or Madam:

Enclosed please find a Statement of Change as to the Registered Agent for the above entity. A check for \$35 each are also enclosed. Please change your records accordingly.

If you have any questions or comment, please feel free to call me.

Thank you for your attention to this matter.

Very truly yours,



Michael R. LeMaire, Esq.

Encls.

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Triple R Associates, Ltd.

Name of the limited partnership

2. 03/22/1993

Date of filing/registration in Florida

3. A93000000303

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Information Services, Inc.

Name

1201 Hays Street

Address

Tallahassee, FL 32301

City, State and Zip

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

Robert L. Sader, Esq.

Name

1901 W. Cypress Creek Road, Suite 415

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

Fort Lauderdale

FL 33309

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Signature of General Partner

Jeffrey S. Roschman, President, JJR Investment Corp., 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

INH504(9/98)