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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BELMONT HEIGHTS ASSOCIATES PHASE II, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A0000001414

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:

Peter F. Souza

Contact Person

NRAI Corporate Services, LLC

Firm/Company

2731 Executive Park Drive, Suite 4

Address

Weston, FL 33331

City, State and Zip Code

psouza@nrai.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter F. Souza

at (877

261-6823 x 1759

Name of Contact Person

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. BELN | MONT HEIGHTS AS: | <u>SOCIATES I</u> | PHASE II, LTD. | |
|---|---|---|--|---------|
| Na | me of Limited Partnership or Li | mited Liability Lin | nited Partnership | |
| 2. | 9/13/2000 | 3. | A0000001414 | |
| Date of filing | /registration in Florida | | Florida document number | |
| 4. The name of the re Department of State: | gistered agent and the registered | l office address as | shown on the records of the | Florida |
| | PATTERSON, BON | D & LATSHAV | V. P.A. | ed |
| | | me | | 首 |
| | 3010 3F | RD ST S | | |
| | | lress | | |
| | JACKSONVILLE BEA | ACH, FL 3225 | 0-6033 | 全型 |
| | City, Stat | e and Zip | | - C 300 |
| 5. The name and Flor | ida street address of the new reg | sistered agent and/o | or office: | |
| | NRAI Ser | vices, Inc. | | 7- |
| | Na | me | | |
| | 2731 Executive P | ark Drive, Suit | te 4 | |
| | Florida street address (F | O. Box not accep | table) | |
| | Weston | FI. | 33331 | |
| | City, Stat | e and Zip | | |
| Signature of General I I hereby accept the ap- comply with the provis and I am familiar with | Partner BELMONT MICHAELS PHA pointment as registered agent a sions of all statutes relative to th an accept the obligations of my | SE II CORP., by nd agree to act in the proper and composition as registed. | Tony Smith, Assistant S this capacity. I further agree plete performance of my duti ered agent. | e to |
| | | | | , , |

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50