

**40500001972**

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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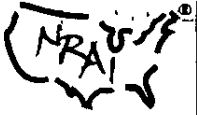
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 13 2012

EXAMINER



**NRAI  
CORPORATE  
SERVICES**

Formerly Premier Corporate Services, Inc.

December 2, 2012

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: FAIRFAX HOTEL PARTNERSHIP LTD.**

Dear Sir or Madam:

Enclosed please the Limited Partnership Statement of Change of Registered Agent application (in duplicate) for the above mentioned. Also enclosed is the required \$35 filing fee.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

  
Joelle Churik  
Client Specialist

[jchurik@nrai.com](mailto:jchurik@nrai.com)

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12 DEC 12 PM 5:35  
TALLAHASSEE, FLORIDA  
STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fairfax Hotel Partnership Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A05000001972

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:

JOELLE CHURIK

Contact Person

NRAI CORPORATE SERVICES, INC.

Firm/Company

200 WEST ADAMS ST, SUITE 2007

Address

CHICAGO, IL 60606

City, State and Zip Code

ACCOUNTING@LEVYFAMILYPARTNERS.COM

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

For further information concerning this matter, please call:

JOELLE CHURIK

Name of Contact Person

at ( 312 )

346-3606

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

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12 DEC 12 PM 5:35

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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. FAIRFAX HOTEL PARTNERSHIP, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/27/2005 3. A05000001972  
Date of filing/registration in Florida Florida document number

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

CT CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION FL 33324

City, State and Zip

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

NRAI Services, Inc.

Name

515 East Park Avenue

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

Tallahassee FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

ARI LEVY, VP OF LFP REAL ESTATE MGT LLC, AS MGR OF

LEVY FAIRFAX LLC, AS GP OF FAIRFAX HOTEL PTNESHIP LTD

Signature of 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.*

NRAI Services, Inc.

by:

Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA