

# A07000001186

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

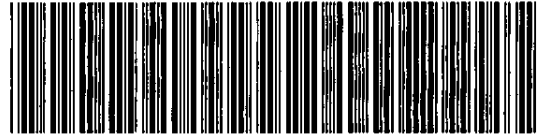
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EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2009

GRACE INVESTMENTS LLP  
4617 BEACH LN S  
FARGO, ND 58104

SUBJECT: GRACE INVESTMENTS LLP

We have received your document for GRACE INVESTMENTS LLP and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document cannot be filed with the Florida Department of State unless a Statement of Qualification is simultaneously submitted for filing. Please refer to the enclosed form and instructions. (Note: If this document was submitted electronically, please download the appropriate form and instructions from our website - [www.sunbiz.org](http://www.sunbiz.org).)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 009A00034090

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GAMESH XIX LLL P  
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A07000001161

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: \_\_\_\_\_

Virginia Iles  
Contact Person

\_\_\_\_\_  
Firm/Company

2106 S. Grady  
Address

Tampa FL 33629  
City, State and Zip Code

UTIGRM@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

V. Iles at ( 860 ) 488-5866  
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

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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. Ganes RXIX LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10-18-2007 Date of filing/registration in Florida
3. A0700000 1186  
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:

CAROL A VANCE  
Name

411 55th Ave  
Address

St Beach FL 33706  
City, State and Zip

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

VIRGINIA JES  
Name

2106 S GRADY  
Florida street address (P.O. Box not acceptable)

Tampa FL 33629  
City, State and Zip

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

[Signature]  
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.*

[Signature]  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA

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