

A09379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

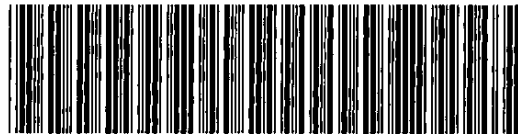
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 31 PM 3:14

T Hampton JAN -2 2008

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** OCEANSIDE ESTATES ASSOCIATES, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A09379

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:

TINA BONOVICH

(Contact Person)

NRAI SERVICES LLC

(Firm/Company)

160 GREENTREE DR #101

(Address)

DOVER DE 19904

(City, State and Zip Code)

For further information concerning this matter, please call:

TINA BONOVICH

(Name of Contact Person)

at ( 302 ) 674-4089

(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)



NRAI SERVICES, LLC  
160 GREENTREE DRIVE, SUITE 101  
DOVER, DELAWARE 19904  
PH #800-490-6724  
FAX #800-901-6724

**DOCUMENT FILING NOTIFICATION**

To: FLORIDA DIVISION OF CORPORATIONS  
From: NRAI SERVICES LLC  
Date: December 14, 2007  
Ref. No.: 195198  
Name: OCEANSIDE ESTATES ASSOCIATES, LTD

Please file the attached

	Articles of Incorporation		Merger Document(s)		
	Application for Qualification	X	Change of Agent		
	Good Standing Attached		Dissolution/Withdrawal		
	Good Standing to Follow		UCC-1 Filing		
	Amendment		UCC-3 Filing		
X	Check Enclosed	Check Number	6249	Amount	\$35.00
	Other:				

Type of Service:

	Rush	X	Routine		
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Return Original Evidence to:

Special Instructions:

	RETURN DATE STAMPED COPY TO PATTI GATTO NATIONAL REGISTERED AGENTS 160 GREENTREE DRIVE SUITE 101 DOVER DE 19904
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Send Via:

	Fax: _____	FedEx No. _____	X	Regular Mail
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**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. OCEANSIDE ESTATES ASSOCIATES, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 9/29/1980

Date of filing/registration in Florida

3. A09379

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:

REGISTERED AGENTS LEGAL SERVICES, INC.

Name

155 OFFICE PLAZA DR. SUITE A

Address

TALLAHASSEE FL 32301

City, State and Zip

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

City, State and Zip

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

Presidential Manor Corporation; general  
partner  
by David Lichtenstein, President

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: Tina Bonovich

Signature of Registered Agent

TINA BONOVICH, VP

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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