JUL-08-2011 10:26 FROM:

Division of Corporations

9499559590

TO:850 617 6381

P.1/3

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To:

Division of Corporations

fax Number

: (850)617-6383

Account Name : NRAI CORPORATE SERVICES, INC.-IRVINE

Account Number : 120080000054

: (949)955-9585 Phone : (800) 562-6504 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE

TRG - PALM LAKE, LP

Certificate of Status	0
Certified Copy	0
Page Count	D3
Estimated Charge	\$35.00

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D. BRUCE

JUL 11 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	JECT: TF	RG - PAL	M LAKE	, LP		
	Name of Limited Partn	ership or Limi	ted Liability	Limited l	Partnership	
DOC	UMENT NUMBER:	A	100000	00372		
	nclosed Statement of Change of I are submitted for filing.	Registered C	office and/	or Regis	itered Agent	and
Please	e return all correspondence conce	rning this m	atter to:			
	NICOLE PARNEL	_L				
	Contact Person					7.
	NRAI CORPOARATE SERV	VICES, INC	<b>)</b> .			SE
	Firm/Company					₽ĕ
	2875 MICHELLE DRIVE, S	SUITE 100				IAS
	Address		<del>- "</del>			SĚΥ
	IRVINE, CA 9260	96				
	City, State and Zip Cod	le				101 71.S
	macs@nrai.c	com				ALE .
F	-mail address: (to be used for future and	nual report not	ification)	<del></del>		B
For fi	arther information concerning this	s matter, ple	ase call:			
	NICOLE PARNELL	at f	800		562-6439	
	Name of Contact Person	Ar	ea Code and	Daytime	Telephone Nu	mber
Enclo	sed is a \$35.00 check made paya	ble to the Fl	orida Depa	artment (	of State.	
	EET ADDRESS:		MAILI			
	tration Section		Registra			
	ion of Corporations			•	orations	
	on Building Executive Center Circle	•	P. O. Bo Tallahas		32314	
Z001	Executive Center Circle		T WILMING	SCC, FL	J_J_14	

Tallahassee, FL 32301

## 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.

t TR	<u>RG - PALM LAKE, I</u>	LP
	nership or Limited Liability I	
2. 07/09/2010	3.	A1000000372
Date of filing/registration in Flor	rida	Florida document number
4. The name of the registered agent and to Department of State:	the registered office address	as shown on the records of the Florida
СТС	ORPORATION SYST	EM
	Name	
1200 SC	OUTH PINE ISLAND	ROAD
	Address	
PL	ANTATION, FL 33324	4
	City, State and Zip	
5. The name and Florida street address o	f the new registered agent an	nd/or office:
NI	RAI SERVICES, INC.	<u> </u>
	Name	美色 易
515	EAST PARK AVENU	JE SSE
Florida stre	eet address (P.O. Box not acc	
TALL	AHASSEE F	L 32301
	City, State and Zip	
6. Such change(s) is/are effective when the	filed by the Florida Departme	ent of State.
	Rainbow - Pa	alm Lake, LLC, General Partner
Signature of General Partner	By: Jose C	Castellanos
I hereby accept the appointment as registic comply with the provisions of all statutes and I am familiar with an accept the oblimation of Registered Agent	relative to the proper and co	omplete performance of my duties,
Nicole Chouinard	, Assistant Secretary	
Filing Fee: \$35.	.00	
Certified Copy (optional): \$52.	.50	