

A 18861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 24 AM 10:25

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROOSEVELT ASSOCIATES, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A18861

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

Name of Contact Person

at (877) 261-6823 x 1759

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

FILED
2011 NOV 24 AM 10:26
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF
REGISTRATION

**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. ROOSEVELT ASSOCIATES, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/15/1985 3. A18861
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:

GUY BOND
Name

1800 FL. NATIONAL TOWER 225 WATER ST.
Address

JACKSONVILLE, FL 32202
City, State and Zip

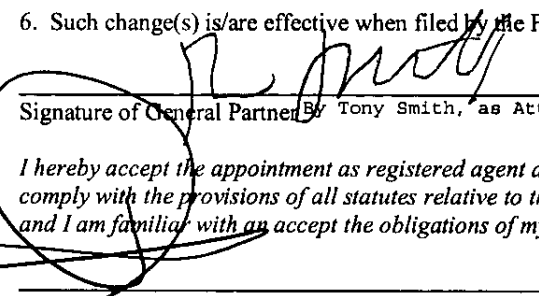
5. The name and Florida street address of the new registered agent and/or office:

NRAI Services, Inc.
Name

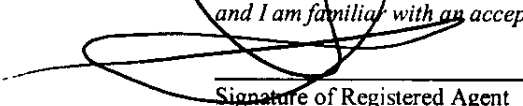
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box not acceptable)

Weston FL 33331
City, State and Zip

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


Signature of General Partner By Tony Smith, as Attorney-In-Fact for Michael J. Levitt, 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 of Registered Agent Peter F. Souza, Assistant Secretary

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

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DEPT. OF STATE
TALLAHASSEE, FLORIDA
NOV 24 AM 10 26

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