## A24046

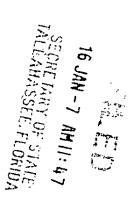
(Re	questor's Name)	•
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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
CHID		ho Sour	4 DDN	l I tal		
SOR	IBJECT: Hobe Sound RRH Ltd.  Name of Limited Partnership or Limited Liability Limited Partnership					
		p 2		-		
DOC	UMENT NUMBER:		<u>A240</u>	)46		
	enclosed Statement of Change of Repare submitted for filing.	egistered O	ffice and	or Registered Agent and		
Please	e return all correspondence concerr	ning this m	atter to:			
	April Cliche					
	Contact Person					
	Hobe Sound RRH Lt	:d.				
	Firm/Company	<del></del> -				
	3111 Paces Mill Rd. Ste.	A-250				
	Address					
	Atlanta, GA 30339					
	City, State and Zip Code					
	acliche@hallmarko	eo com				
E	-mail address: (to be used for future annu-		fication)	·· <del>·</del>		
For fi	urther information concerning this r	matter, plea	ase call:			
	April Cliche	at (	770	984-2100x118		
	Name of Contact Person	Are	ea Code an	d Daytime Telephone Number		
Enclo	sed is a \$35.00 check made payabl	e to the Flo	orida Dep	partment of State.		
STRE	EET ADDRESS:		MAILI	ING ADDRESS:		
Registration Section			Registration Section			
	ion of Corporations			n of Corporations		
	n Building			ox 6327		
	Executive Center Circle		Tallaha	ssee, FL 32314		
Tallal	hassee, 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.

1.	Hobe Sour	nd RRH L	₋td.		
N	ame of Limited Partnership or Lii	mited Liability	y Lin	nited Partnersh	ip
2	12/31/1986 3. A2				046
Date of filin		Florida document number			
4. The name of the r Department of State:	registered agent and the registered	l office addres	s as s	shown on the r	ecords of the Florida
	Susan	Adams			
	Na	me			
	4040 West Newberr	ry Road, S	uite	950B	
	Add	lress			
	Gainesville	, FL 32607	7		<b>7</b>
	City, Stat	e and Zip			SEC News
5. The name and Flo	orida street address of the new reg	gistered agent	and/c	or office:	JAN RETU RHA
	The Hallmark C	companies	, Inc	<b>&gt;.</b>	-7 \$38 \$38
	Na	me			E O
	4040 West Newberr	y Road, Si	uite	950B	AM II: 47 OF STATE E. FLORID
	Florida street address (P	O. Box not a	ccept	able)	± ₹20
	Gainesville,	,	FI.	32607	見がって
	City, Stat	e and Zip			
	Vare effective when filed by the F	lorida Departı	nent	of State.	
Signature of General	Partner				
I hereby accept the a	ppointment as registered agent a	nd agree to ac	et in t	his capacity.	I further agree to

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

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