

A 24702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

OCT 5 2009

EXAMINER

JACK M. MAAG, PARALEGAL
941.364.2728
jmaag@slk-law.com

September 29, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

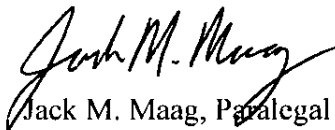
Re: Summerfield Retirement Residence, Ltd.
File No. S00053-124168

To Whom It May Concern:

Enclosed herewith please find an original Statement of Change of Registered Agent for the referenced Partnership, together with a check in the amount of \$35.00 to cover the filing fee.

Please return the date stamped copy of the filing to the undersigned in the enclosed envelope.

Very truly yours,


Jack M. Maag, Paralegal

JMM

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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. Summerfield Retirement Residence, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 06/17/1987 3. A24702
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:

James R. Parrott
Name
3409 26th St. W.
Address
Bradenton, FL 34205
City, State and Zip

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

Jeffrey S. Russell
Name
240 S. Pineapple Ave., 9th Floor
Florida street address (P.O. Box not acceptable)
Sarasota FL 34236
City, State and Zip

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

Theodore C. Steffens
Signature of General Partner
Theodore C. Steffens, as President of Summerfield Group, Inc., 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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