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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	SUBJECT: Gardenia Square RRH, Ltd.					
	Name of Limited Partner					
DOC	UMENT NUMBER:	A28608				
	nclosed Statement of Change of Reare submitted for filing.	egistered (	Office ar	nd/or F	Registered Agent and	
Please	e return all correspondence concerr	ning this n	natter to	:		
	April Cliche			_		
	Contact Person					
	Gardenia Square RRH,	Ltd.		_		
	Firm/Company					
	3111 Paces Mill Rd. Ste.	A-250				
	Address			_		
	Atlanta, GA 30339					
	City, State and Zip Code					
	acliche@hallmarko	o.com				
E	-mail address: (to be used for future annu-	al report no	tification)	•	<del></del>	
For fu	erther information concerning this r	natter, ple	ease call	:		
	April Cliche	at (	770	)	984-2100x118	
	Name of Contact Person			and Day	ytime Telephone Number	
Enclo	sed is a \$35.00 check made payabl	e to the F	lorida D	epartn	nent of State.	
STRE	REET ADDRESS: MAILING ADDRESS:		ADDRESS:			
Regist	tration Section		Registration Section			
	ion of Corporations		Division of Corporations			
	n Building	P. O. Box 6327				
	Executive Center Circle		Tallal	nassee	, FL 32314	
i allah	nassee 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.	Gardenia Squa	re RRH,	Ltd.		
Na	me of Limited Partnership or Limit			rship	
2 07/10/1989		3. A28608		28608	
Date of filing	g/registration in Florida	Florida document number			
4. The name of the re Department of State:	egistered agent and the registered of	fice address	as shown on th	e records of the Florida	
	Susan Ad	dams		_	
	Name			-	
	4040 West Newberry	Road, Sui	te 950B	_	
	Addres	S			
	Gainesville, F	L 32607			
	City, State a	nd Zip		- 5	
5. The name and Flor	rida street address of the new regist	ered agent an	d/or office:	16 L	
	The Hallmark Cor	mpanies, I	nc.		
	Name	!		ARY SSEE	
	4040 West Newberry I	Road, Suit	e 950B	F.9	
	Florida street address (P.O	. Box not acc	eptable)	FLOS	
	Gainesville,	FI	32607	FRIDE	
	City, State a	nd Zip		<b></b>	
Most	are effective when filed by the Flor	ida Departme	nt of State.		
Signature of General	Partner				
comply with the provi	ppointment as registered agent and sions of all statutes relative to the plant and accept the obligations of my po	proper and co	mplete perforn		
Digitature of Registers	en vent				

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50