A-46000001987

(Reque	estor's Name)	
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(Addre	55)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Docur	nent Number)	
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Certified Copies	Certificates	s of Status
Special Instructions to Filir	ng Officer:	
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Office Use Only



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ALLAHASSEE ELORIDA SECRETARY DE CTATE DI NIO: TE

T. HAMPTON

AUG - 6 2008

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: REALTY ASSET PROPERTIES HR, Ltd

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: <u>A96000001987</u>

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:

Linda S. Rudy
(Contact Person)

1665 Palm Beach Lakes Blvd. Suite 730

West Palm Beach, FL 33401

(City, State and Zip Code)

For further information concerning this matter, please call:

Linda S. Rudy

(Name of Contact Person)

at (561) 682-0877
(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

INHS04 (01/06)

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.

change its registered office or registered agent, or both, in the state of Florida.				
1. REALTY ASSET PRO	OPERTIES HR, Ltd.			
Name of Limited Partne	rship or Limited Liability Limited Partner	ship		
2.10/23/1996	3. A9600000	3. A9600001987		
Date of filing/registration in Florid	la Florida docu	Florida document number		
4. The name of the registered agent and the Department of State:	e registered office address as shown on th	e records of the Florida		
CT Corpor	ation System			
41.4	Name	-		
1200 South Pine Island Rd.				
	Address			
Plantation,	, FL 33324	<u></u>		
	City, State and Zip	Allia Allia		
5. The name and Florida street address of	the new registered agent and/or office:	SSE -5		
James P. I	Paul. Esg.			
	Name			
Flantation, FL 33324 City, State and Zip 5. The name and Florida street address of the new registered agent and/or office: James P. Paul, Esq. Name 3030 Rosewood Court				
Florida street address (P.O. Box not acceptable)				
Davie	_{FL} 33328			
	City, State and Zip			
6. Such change(s) is/are effective when file Local Signature of General Partner	led by the Florida Department of State.			
I hereby accept the appointment as registe comply with the provisions of all statutes and I am familiar with an accept the obliging Signature of Registered Agent Filing Fee: \$35.0	elative to the proper and complete perfor ations of my position as registered agent.			
Certified Copy (optional): \$52.5	•			