

Division of Corporations

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**Florida Department of State
Division of Corporations
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Division of Corporations
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From:
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Account Number : FCA000000023
Phone : (850) 222-1092
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TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE
ROOSEVELT SQUARE LIMITED LIABILITY LIMITED PARTNERSH**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROOSEVELT SQUARE LIMITED LIABILITY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A97000000016

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:

Douglas G. Dewberry, II
Contact Person
Dewberry Capital Corporation
Firm/Company
One Peachtree Pointe- 1545 Peachtree Street, Suite 250
Address
Atlanta, GA 30309
City, State and Zip Code
ddewberry2@dewberrycapital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Slifkin at (404) 888-7977
Name of Contact Person 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.

1. ROOSEVELT SQUARE LIMITED LIABILITY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/02/1997 3. A97000000016
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:

TERRY, WILLIAM J

Name

101 EAST KENNEDY BLVD., SUITE 2560

Address

TAMPA, FL 33602

City, State and Zip

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

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box not acceptable)

Plantation, FL 33324

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
Roosevelt Square Limited Liability Partnership
By: Roosevelt Square Manager,
its General Partner
Signature of General Partner Douglas G. Deberry, II, Vice President

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]
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA