

A98000002915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

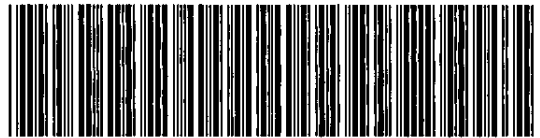
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D. BRUCE

SEP 26 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** Osprey Cove Hobe Sound LP

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A98000002915

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:

**Brian Kosoy**

(Contact Person)

**Osprey Cove Hobe Sound LP**

(Firm/Company)

**One North Clematis Street Suite 305**

(Address)

**West Palm Beach, FL 33401**

(City, State and Zip Code)

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For further information concerning this matter, please call:

**Vince Costello**

(Name of Contact Person)

at (561) 835-1810

(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. Osprey Cove Hobe Sound LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/30/1998

Date of filing/registration in Florida

3. A98000002915

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:

NRAI Services, Inc

Name

2731 Executive Park Drive Suite 4

Address

Weston, FL 33331

City, State and Zip

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

Brian Kosoy

Name

One North Clematis Street Suite 305

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

West Palm Beach FL 33401

City, State and Zip

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

  
Signature of 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 of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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