

A99000000770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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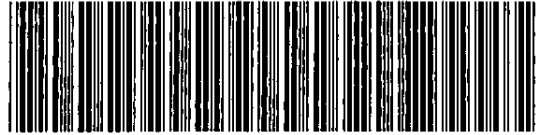
(Business Entity Name)

(Document Number)

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2010 MAY 17 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 18 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Northeast Renaissance Holdings, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A99000000770

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:

Melissa Jay Murphy, Esq.

Contact Person

Salter, Feiber, Murphy, Hutson & Menet, P.A.

Firm/Company

P.O. Box 357390

Address

Gainesville, FL 32635-7399

City, State and Zip Code

melissam@salterlaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Fulford

Name of Contact Person

at ( 352 ) 416-0402

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

**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. Northeast Renaissance Holdings, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 5-12-99  
Date of filing/registration in Florida

3. A99000000770  
Florida document number

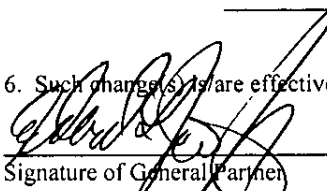
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Edward Jennings, Jr.  
Name  
4707 NW 53rd Avenue, Suite A  
Address  
Gainesville, FL 32653  
City, State and Zip

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

Melissa Jay Murphy, Esq.  
Name  
3940 NW 16 Boulevard, Suite B  
Florida street address (P.O. Box not acceptable)  
Gainesville, FL 32605  
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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