A99000001308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Tel: (800) 447-6237

REF.#: CM

DATE: 6/02/03

NAME(S): • RETREAT-SEMINOLE LIMITED PARTNERSHIP

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REQUEST FOR : • FLORIDA

TYPE OF FILING: • STATEMENT OF CHANGE OF REGISTERED AGENT

PLEASE FILE IMMEDIATELY UPON RECEIPT

IF THERE ARE ANY PROBLEMS, PLEASE HOLD THE FILING(S) AND CALL US FOR INSTRUCTIONS

SPECIAL INSTRUCTIONS: •

PLEASE FILE THE ATTACHED AGENT CHANGE FORM AND RETURN A FILED COPY TO ME IN THE ENCLOSED ENVELOPE. A CHECK IS ENCLOSED FOR THE FILING FEES. PLEASE CALL ME AT 800-447-6237 IF YOU HAVE ANY QUESTIONS OR COMMENTS. THANK YOU!

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☐ Enclosed is our check # _____ not to exceed $ _____ Please be sure to return our appropriate amount used or send a receipt.

AUTHORIZED REQUESTOR:

Christy McCullough

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. RETREAT-SEMINOLE LIMITED PARTNERSHIP
Name of the limited partnership

2. August 10, 1999
Date of filing/registration in Florida

3. A99000001308
Document number assigned

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

James K. Griffin, Jr.
Name

1401 E. Broward Blvd., Suite 302
Address

Ft. Lauderdale, FL 33301
City, State and Zip

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

NRAI Services, Inc.
Name

526 E. Park Avenue
Florida street address (P.O. Box **not** acceptable)

Tallahassee FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Sandi Hancock, Assist. Sec'y

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: $35.00

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