

B03000000117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Rec'd Correct form
3/3
TB



400043648794

12/28/04--01019--006 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 MAR -3 PM 3:42

3/5/05
RA Chg,
SF



NATIONAL SERVICE INFORMATION, INC.

www.nsii.net

December 27, 2004

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 118

Sincerely,

Traci Smith

Corporate Services Manager

**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. Immokalee Senior Housing, Ltd.
Name of the limited partnership

2. 4/02/2003 3. B03000000117
Date of filing/registration in Florida 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: CT Corporation System
Name
1200 S. Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

5. The name and address of the new registered agent and/or office:
NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box not acceptable)
Weston FL 33331
City, State and Zip

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

Ronald S. Beach
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.

NRAI Services, Inc.

by: Traci Smith
Signature of Registered Agent

Traci Smith, Asst. Secretary

**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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 MAR -3 PM 3:42