

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (550) 205-0380 Eliza J. Bardin

From:

: CNL FINANCIAL GROUP, INC. Account Name

Account Number : 113615003626 : (407)650-1000 Phone

Fax Number

: (407)540-2699

REGISTERED AGENT CHANGE

ROSE MEZZANINE SPE, LP

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01
\$87.50

8/6/2004

08/06/2084 18:23 FAX

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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. Rose Mezzanino	SPE, LP			
	, <u>, , , , , , , , , , , , , , , , , , </u>	lame of the limited parmership		
2. 11/03/2003 Date of filing/regis	tration in Florida	3. B03000000371	iber assigned	
4. The name of the region Department of State:	·	ne registered office address 24 show ATION SYSTEM	n on the records o	of the Florida
	1200 SOUTH	Name PINE ISLAND ROAD		
	PLANTATION	Address FL 33324		
		City, State and Zip	•	7. 0
,	ss of the new regist inda A. Scarcoll	ered agent and/or office:		ETAHA ECULIA MANAGEMENTAL
	IIIda A. Odarodii	Name	· _	و سنولانو
4	50 8. Orange A			HLED -6 AM
,	Florida stree	s address (P.O. Box not acceptable)	**************************************	~ CD
<u>O</u> .	rlando	FL 32801		岩 型 66
6. Such change(s) was/	were authorized by	City, State and Zip the general partners.		Am 37
By: Barry A. N. I hereby accept the appowith the provisions of a	ill statutes relative the obligations of t ge in the registered	ger of Rose Mezzauine SPE ed agent and agree to act in this cap to the proper and complete perfor my position as registered agent. Or i office address, I hereby confirm t	mance of my duty	ies and Lam
Signature of Registered Agent	Q Stare	ell -		

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

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