## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 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 SPE 1, LP

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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 SPE	1, LP			
	N	iame of the limited partnership		
2. 11/03/2003		3 B03000000372		
Date of file	ling/registration in Florida	Document number assigne	co	
4. The name of	the registered agent and th	e registered office address as shown on the	records of the Florida	
Department o	of Ctaton	ATION SYSTEM	14-01-07 OX 67-0 1 1011-00	
		Name		
	1200 SOUTH	PINE ISLAND ROAD		
	·	Address		
	PLANTATION	FL 33324		
		City, State and Zip		
5. The name and	d address of the new regist	ered agent and/or office;		
	Linda A. Scarcelli	ı	Zr. P	
		Name	-	
	450 S. Orange Av	eunev	F1 65	
	Florida street	address (P.O. Box not acceptable)	-6	
	Orlando	FL 32801	7844	3
6. Such change(s	s) was/were authorized by	City, State and Zip the general partners	- FLORIDA	_
		en gardia parans.	<b>夏和                                    </b>	
	-4		A (2)	
I horeby accept the with the provision familiar with and merely to reflect.	A.N. Bloom as Manag he appointment as registere has of all statutes relative accept the obligations of n a change in the registered writing of this change.	er of Rose SPE 1 GP, ULC as Ger d agent and agree to act in this capacity. I fi to the proper and complete performance of my position as registered agent. Or, if this d i office address, I hereby confirm that the lit	urther agree to comply	
Signature of Reporter	nd Stace			

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

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