

B05000000 229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

M. Thomas MAR - 7 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Situs Real L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B05000000229

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:

Stan Obloy

(Contact Person)

Situs Companies

(Firm/Company)

4665 Southwest Freeway

(Address)

Houston, TX 77027

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Stan Obloy

(Name of Contact Person)

at (713) 328-4400

(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

INHS04 (01/06)

**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. Situs Real L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. _____

Date of filing/registration in Florida

3. B05000000229

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:

Patrick D'Sa

Name

2151 NW 2nd Ave, Ste. 101

Address

Boca Raton, FL 33431

City, State and Zip

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

Name

5550 Glades Road, Ste. 413

Florida street address (P.O. Box not acceptable)

Boca Raton

FL 33431

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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