

B10000000034

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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**REGISTERED AGENT CHANGE
LRA MKP TRS L.P.**

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A. LUNT

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EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LRA MKP TRS L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B10000000034

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:

Contact Person

Firm/Company

Address

City, State and Zip Code

mhall@lcp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

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. LRA MKP TRS L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/19/2010 3. B10000000034
Date of filing/registration in Florida 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:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE FL 32301

City, State and Zip

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

C T Corporation System

Name

1200 South Pines Island Road

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

Plantation, FL 33324

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State,

Samantha Jones
Signature of General Partner

Samantha Jones, Manager

signing on behalf of general partner

LRA GP LLC

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.

Kristin Bolden
Signature of Registered Agent

Kristin Bolden, Assistant Secretary

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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