

BA7000000219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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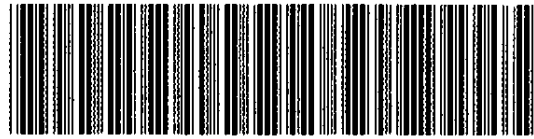
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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B. Teddest

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Captiva Holdings, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B97000000219

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:

Ms. Tracy Anderson

(Contact Person)

Giordani, Schurig, Beckett & Tackett, LLP

(Firm/Company)

100 Congress Avenue, 22nd Floor

(Address)

Austin, Texas 78701

(City, State and Zip Code)

For further information concerning this matter, please call:

Carol Kohler

(Name of Contact Person)

at (**512**) **767-7105**

(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. Captiva Holdings, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/09/1997

Date of filing/registration in Florida

3. B97000000219

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:

Roseanne Giordani

Name

2340 Periwinkle Way, Unit M-1

Address

Sanibel, Florida 33957

City, State and Zip

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

James M. Costello

Name

2077 First Street, Suite 203

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

Fort Myers FL 33901

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 James M. Costello

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

***HIGH RIDGE MANAGEMENT, LLC**
its general partner

By: THE OFFICE, LLC

its manager

By: Roseanne Giordani, manager

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