Division of Corpo non Provide Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H110002802023)))



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L. SELLERS

To:

Division of Corporations

Fax Number : (850)617-6383

NOV 3.0 2011

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 **EXAMINER**

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emall	Address:			

REGISTERED AGENT CHANGE PETROLEUM REALTY INVESTMENT PARTNERS, L.P.

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Certificate of Status	0
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SECRETARY OF STATE
AND AHASSEE, FLORIDA

COVER LETTER

Registration Section Division of Corporations SUBJECT: Petroleum Roalta Injestment ton Name of Limited Partnership or Dimited Liability Limited Partnership DOCUMENT NUMBER: B5900000 195 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: B-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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. Petroleu	m Realty Inve	stmer	- Partner	S. L.P.			
Nam	s of Limited Partnership or Limited	LINDINIY LIM	iteu Parmersnip				
2. <u>05/17/</u> Date of filing/r	1999 egistration în Florida		7 000000 Torida document n				
4. The name of the regi	stered agent and the registered offic	ce address as s	hown on the recor	ds of the Florida			
C	orporation Servi	ice C	ampany				
]:	201 Hays St Address	neet					
T	alla hassee City, State and	FL 33	2301				
5. The name and Florid	a street address of the new register	ed agent and/o	r office:				
	C T Corporation	System					
-	Name						
	1200 South Pine Isl	and Road					
_	Florida street address (P.O. Box not acceptable)						
-	Plantation,	FL_	33324				
,	City, State and	l Zip	•				
6. Such charge(s) is/an	e effective when filed by the Florid	a Department	of State.				
I hereby accept the app comply with the provisi	ointment as registered agent and ag ons of all statutes relative to the pro an accept the obligations of my pos	oper and comp ition as registe	elete performance ered agent.	of my duties,			
Signifure of Registered	Agent V. / LOCOY (5)	t. ICLTEYA	ry, CI Co	porcellon System			
Filing Fee:	\$35.00						

Certified Copy (optional): \$52.50