

A07302

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000121728 3)))



H140001217283ABC-

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RE-SUBMIT

Please retain original filing
date of submission 5/22

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

Email Address: _____

Please use this one

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION EUSTIS APARTMENTS, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	05/6
Estimated Charge	\$105.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 22 PM 3:07

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eustis Apartments, Ltd.
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Russell W. Fleming
Contact Person
American Apartment Management Company, Inc.
Firm/Company
708 South Gay Street, Suite 200
Address
Knoxville, Tennessee 37902
City, State and Zip Code
rfleming@aamci.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deedra A. Burroughs at (865) 525-7600 x229
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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



May 30, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EUSTIS APARTMENTS, LTD.
4582 SOUTH ULSTER STREET
SUITE 1100
DENVER, CO 80237

SUBJECT: EUSTIS APARTMENTS, LTD.
REF: A07302

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must contain the name and business address of each general partner. (Note: All non-individual general partners must have an active registration with the Florida Dept. of State.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000121728
Letter Number: 614A00011667

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE-SUBMIT

Please refile with filing
date of submission 5/22

FILED
14 MAY 22 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

Eustis Apartments, Ltd.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on March 2, 1979, assigned Florida document number A07302, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be **STREET** address)

New Mailing Address:
(May be post office box)

Condev Corporation
c/o American Apartment Management G
708 South Gay Street, Suite 200
Knoxville, Tennessee 37902

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Capital Corporate Services, Inc.

New Registered Office Address:

155 Office Plaza Drive, Suite A

Enter Florida street address

Tallahassee, Florida 32301
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

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.

Russell Fleming
If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	<u>Condev Corporation</u>	<u>1278 Orange Ave.</u> <u>Suite D</u> <u>Winter Park, FL 32789</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	<u>The National Housing Partnership</u>	<u>1133 15th Street, NW</u> <u>Washington, DC 20005</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

R. Fleming
Condev Corporation
By: Russell W. Fleming, President

Signature(s) of all new or dissociating general partner(s), if any:

THE NATIONAL HOUSING
PARTNERSHIP

By: National Corporation for Housing
Partnerships/its sole general partner

By: [Signature]
Name: Ralph C. [Signature]

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75