## ACONT ILING COVER DEET

ACCOUNT NUMBER	: FCA000000005	
REFERENCE: (Sub Account)	2016133	ON SECUL DE PROPERTIES
DATE:	11-16-99	
REQUESTOR NAME	LEXIS	6 3 SEE
ADDRESS:		# 9: 42 # 9: 42
TELEPHONE:	() () ex	& ()
CONTACT NAME:		•
CORPORATION NAME	: A 07376	,
DOCUMENT NUMBER: (if applicable)		
AUTHORIZATION:	C. Woodigad	5000030457951
CERTIFIED CO CERTIFICATE PLAIN STAMPE	OF STATTIC /1-01	,
Call When Re. Walk In Mail Out	ady ( ) Call if Problem ( ) Will Wait	( ) After 4:10 ( ) Pick Up
		99 NOV

RECEIVED

99 NOV 16 AM II: 24

DEFALIPENT OF STATE
VISION OF CORPORATION

NOT ANASSEE, FLORIDA

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERES OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

I. CEDARWOOD APAR	CIMENTS II, L7	ID.	•		
		lame of the limited p	artnership		
0//00/1070			•		
2. 04/02/1979		3	A07376	==	
Date of filing/regist	ration in Florida		Document numb	er assigned	
4. The name of the regis	stored accept and th	o monitore d' - 65	11	_	
4. The name of the regis Department of State:	stered agent and th	e registered offic	e address as shown	on the records of the F	lorida
Department of State.	CT CORPOR	ATION SYSTEM			
	-	Name		•	
_	1200 S. P	INE ISLAND I	D.		
-		Address		<del>-</del>	
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-	TUMINIALIO	N, FL 33324 City, State and 2		<del></del>	
		City, State and	ر به ا		
5 The name and address	of the manyi-t-		~~		
5. The name and address	or me new tegiste	ered agent and/or	office:	•	
_	LEXIS DOC	UMENT SERVIC	CES INC	• •	
<del></del>		Name	·	<del></del>	
	3953 WW KI	ET.T.V ROAD			
<del></del>		address (P.O. Box	not accentable)	· ·	-
	•	•	· ,		
<del></del>	TALLAHASSI		32311		
6. Such change(s) was/w	ere authorized by t	City, State and Z	îp		
_		me generai barm	ers.		
Jem Cu	40.44				
	VUL_				
Signature of General Partner	Len	cford GP, L	., L.C.		
hereby accept the appoin with the provisions of all	tment as registeres	daggart and some		24. T.C. 47.	
vith the provisions of all amiliar with and accept th	statutes relative to	o the proper and	l complete perform	ity. I juriner agree to co ance of my duties, and	mply Tam
amiliar with and accept the merely to reflect a change ween notified in writing of t	re obligations of m	y position as reg	istered agent. Or, i	f this document is being	filed
peen notified in writing of i	this change	office address, [	hereby confirm tha	t the limited partnershi	p has
		_		<del></del>	
K hand ala	A A	1-0			
JENECCA HO	yles W.	III XX			
ignature of Registered Agent			•	• •	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

INHS04(9/97)