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DIVISION OF CORECTATION 02 DEC 10 PH 4: 43

CT CORPORATION

CORPORATION(S) NAME		
GREEN GATE APARTMEN	NTS, LTD.	
	<u> </u>	
() Profit	() Amendment	() Merger
() Nonprofit () Foreign	() Dissolution/Withdrawal	() Mark
	() Reinstatement	() mark
() Limited Partnership	() Annual Report	() Other
()LLC	() Name Registration	(X) Change of RA
	() Fictitious Name	() UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out	<u> </u>	
Name	12/10/02	Order#: 5737706
Availability		% % % %
Document	JN	Order#: 5/3//00 SEC/12/2012
Examiner		Ref#:
Updater	•	Ref#: SS -
Verifier	-	me Pr
W.P. Verifier		Amount: \$ \$ =

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited
partnership organized under the laws of the state of Florida , submits the
following statement in order to change its registered office or registered agent, or both, in the state of
Florida.
Green Gate Apartments, Ltd.
Name of the limited partnership
2. 09/27/1984 3. A17954
Date of filing/registration in Florida Document number assigned
4. The name and address of the present registered agent and office:
Lexis Document Services, Inc.
, , , , , , , , , , , , , , , , , , ,
3953 W.W. Kelley Road Tallahassee FL 32311
5. The name and street address of the successor registered agent and office: (P.O. Box <u>not</u> acceptable)
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
Such change was authorized by the general partners.
Yail Forth Taul Forman 12-3-02
Furty Residentia Signature of General Partner Affirms in fact the Above stated limited
partnership at the place designated in this certificate. 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 obligation of my
position as registered agent
Registered Agent signature Date Da
Registered Agent signature Date Date
Unristine M. Eastwine
Assistant Secretary Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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