

A28957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

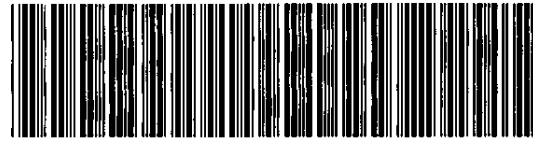
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000181610670

000181610670
06/04/10--01035--001 **105.00

FILED
10 JUN 28 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 29 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bella Vista 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:

Pam Davenport
Contact Person

Intervest Capital Corporation
Firm/Company

P. O. Box 2118
Address

Madison, MS 39130-2118
City, State and Zip Code

pam_davenport@intervestcorp.net
E-mail address: (to be used for future annual report notification)

FILED
10 JUN 28 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rodney H. Dudley at (601) 709-6000, #128
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2010

PAM DAVENPORT
INTERVEST CAPITAL CORPORATION
P.O. BOX 2118
MADISON, MS 39130-2118

SUBJECT: BELLA VISTA APTS., LTD.
Ref. Number: A28957

FILED
10 JUN 28 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 10 2010

We have received your document for BELLA VISTA APTS., LTD. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State. X

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6043.

ATW
Joey Bryan
Regulatory Specialist II

Letter Number: 210A00014056

Joey,
I hope this is what you need.

Thank you, 6/25/10
Pam

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.

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>
Co-GP	J. Steve Nail	354 St. Andrews Drive Jackson, MS 39211	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Co-GP	Rodney H. Dudley	1111 Rolling Meadows Ridgeland, MS 39157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
passed	William R. Gunby, Jr.	1505 Bayshore Blvd Tampa, FL 33606	<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

10 JUN 28 AM 8:18
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FL 32304

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.)

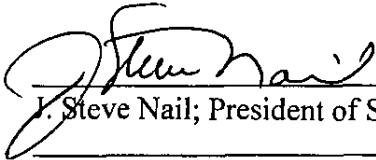
F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
10 JUN 28 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

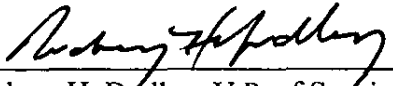
Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.)

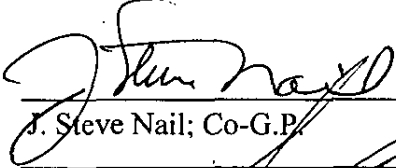


J. Steve Nail; President of Special L.P.

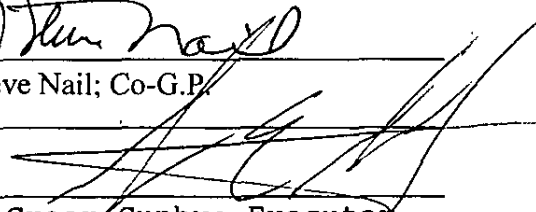


Rodney H. Dudley; V.P. of Special L.P.

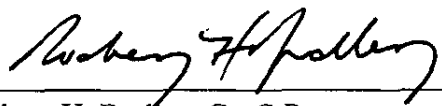
Signature(s) of all new or dissociating general partner(s), if any:



J. Steve Nail; Co-G.P.



Greer Gunby; Executor
Estate of William R. Gunby



Rodney H. Dudley; Co-G.P.

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