#### 2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06329

Entity Name: HOUSING ASSISTANCE OF MT. DORA, LTD.

### **Current Principal Place of Business:**

708 S GAY STREET, STE 200 KNOXVILLE, TN 37902

## **Current Mailing Address:**

C/O AAMCI 708 SOUTH GAY STREET, SUITE 200 KNOXVILLE, TN 37902

# FEI Number: 59-1880750

### Name and Address of Current Registered Agent:

CAPITOL CORORATE SERVICES, INC. 155 OFFICE PLAZA DRIVE SUITE A TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

### SIGNATURE:

Electronic Signature of Registered Agent

### General Partner Detail :

Document #

 
 Name
 AAMCI CORPORATION

 Address
 C/O AAMCI 708 SOUTH GAY STREET, SUITE 200

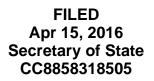
City-State-Zip: KNOXVILLE TN 37902

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CFO

SIGNATURE: DEEDRA A BURROUGHS

Electronic Signature of Signing General Partner Detail



Certificate of Status Desired: No

Date

04/15/2016 Date