

Address	
City/State/Zip Phone #	<u> </u>
	Office Use Only
CORPORATION NAME(S) & DOCUMENT N	NUMBER(S), (if known):
Corporation Name)	MITED PORTNERSHIP
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Please Return Evidence By Regular Mail to: Gary Sherman CONTINENTAL CORPORATE SERVICES, II 189 FRANKLIN AVENUE, SUITE 1	Certified Copy py Certificate of Status NC.

Other

NUTLEY, NJ 07110 PHONE: 800-300-5067 FAX: 973-542-0313 Thank you.

ENTS dment *****35.00 *****35.00 nation of R.A., Officer/Director e of Registered Agent

lution/Withdrawal

Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark

Examiner's Initials

CR2E031(7/97)

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

_		520.1051, Florida Statutes, the unders	signed limited
	ed under the laws of the state of Fi	office or registered agent, or both, is	-
_	it in order to change its registered	office of registered agent, or boar, in	if the state of
Florida.			
Addison Park Lir	nited Partnership		
1	Name of the limit	ed partnership	
2. 1/16/01	3 A01000000126		
Date of filing	y/registration in Florida	Document number assigned	i
4. The name and a	ddress of the present registered agen	t and office:	
	C T Corporation System		
	1200 S. Pine Island Road		
•	Plantation, FL 33324		
5. The name and s	treet address of the successor register	red agent and office: (P.O. Box not acc	ceptable)
	NRAI Services, Inc.		0- DIX
	526 E. Park Avenue		OCT SIGN
	Tallahassee, FL 32301	***	29
Such change was a	uthorized by the general partners.		PE COL
Addison Park	Apartments,Inc.	October 3, 2	OO (5
partnership at the and agree to act in proper and complete position as registe For National Regis	place designated in this certificate, this capacity. I further agree to co ete performance of my duties, and red agent.	Date ept service of process for the above I hereby accept the appointment as re imply with the provisions of all statutes I am familiar with and accept the ob 10/3/0/ Date	egisterea agent relative to the

Filing Fee: \$35.00