Ī 08/24/2011 Division of Corporations



Division of Corporations **Electronic Filing Cover Sheet**

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(((H11000210938 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this L. SELLERS AUG 2.6 2011 EXAMINER To: Division of Corporations Fax Number From: Account Name : NRAI CORPORATE SERVICES, INC. - IRVINE Account Number : I20080000054

; (949)955-9585 Phone Fax Number : (800)562-6504

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

Email Address:

REGISTERED AGENT CHANGE

WAKHILL VILLAGE ASSOCIATES LIMITED PARTNERSHH

Certificate of Status	O STATE OF THE OWNER
Certified Copy	0
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COVER LETTER

TO:	Registration Section Division of Corporations	,			
SURI	JECT: OAKHILL VILLAGE	ASSOCI	ATES L	IMITE	D PARTNERSHIP
W C 100	Name of Limited Partne				
DOCUMENT NUMBER:		A0200001618			
	nclosed Statement of Change of F are submitted for filing.	Registered	Office a	nd/or R	tegistered Agent and
Please	e return all correspondence concer	rning this r	natter to	:	
	Nicole Parnell			_	
	Contact Person				
	NRAI Corporate Service	es, Inc.			
	Firm/Company				
	2875 Michelle Dr., Suit	te 100			
	Address				
	Irvine, CA 92606	i			
	City, State and Zip Cod		<u> </u>	_	
	nparnell@nrai,	com			
1	-mail address: (to be used for future ann	ual report no	titication))	
For fi	arther information concerning this	matter, pl	ease call	:	
	Nicole Parnell	at (800)	562-6439
	Name of Contact Person	A	rea Code	and Day	rtime Telephone Number
Enclo	sed is a \$35.00 check made payal	ole to the F	lorida D	epartm	ent of State.
STRI	EET ADDRESS:		MAI	LING	ADDRESS:
	tration Section		Registration Section		
	ion of Corporations				Corporations
	on Building			Box 6.	
	Executive Center Circle		Talla	hassee,	FL 32314
121121	N98866 P.I. \$7301				

Filing Fee:

Certified Copy (optional): \$52.50

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

			TED PARTNERSHIP				
Nar	ne of Limited Partnership or Lim	ited Liability	Limited Partnership				
2. 1	2/06/2002	3	A0200001618				
Date of filing	registration in Florida		Florida document number				
4. The name of the reportment of State:	gistored agent and the registered AARON GORI LOWNDES, DROSDICK	OVITZ, ES					
	Name						
215 NORTH EOLA DRIVE							
Address							
ORLANDO, FL 32801							
	City, State						
5. The name and Flor	da street address of the new regi	stered agent a	nd/or office:				
	NRAI Services, Inc.						
	Nan	16	•				
	515 East Park Avenue						
•	Florida street address (P.O. Box not acceptable)						
	Tallahassee	F	<u> </u>				
6. Such change(s) is/a	City, State are effcoring when filed by the Flo	and Zip					
By Bruce Goren, Vice							
comply with the provis	ions of all statutes relative to the an accept the obligations of my	proper and c position as re					
	Jose Castellanos, As	st. Secreta	ry Rific 1				

\$35.00