ASTORIA ARMS APARTMENTS PARTNERSHIP Principal Place of Business Mailing Address					DIVISION OF CORPORATIONS OO MAR 13 AM 9: 24			
								2303 HARTSFIELD ROAD 1398 N SHADELAND AVE TALLAHASSEE FL 32303 INDIANAPOLIS IN 46219-3
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Principal Place of Business 3. Mailing Address			SS .					
Suite, Apt. #, etc. Suite, Apt. #, etc			tc.			DO NOT WRITE IN THIS SPACE		
City & State	;	City & State			4. FEI Numbe	35-1297236	Applied For	
Zip Country		Zipl	Country		5. Certificate	of Status Desired	Not Applicable \$8.75 Additional	
	6. Name and Address of Curren	t Registered Agent				Address of New Registe	Fee Required	
JUSTUS, WALTER G.				Name				
2800 E. SU	Unrise Blvd.			Street Address (P.O. Box Number is Not Acceptable) City				
APT. #19F FT. LAUDEI	: ERDALE FL 33304		-					
The above named entity submits this statement for the purpose of changing its				FL zip code			FL Zip Code	
	and a stay dasting the statement i	or the purpose of chair	iging its registered	office or registe	red agent, or both	, in the State of Florida.		
GNATURE	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Registered A	gent signature required	when reinstating)	D	ATE	
Capital Contras Shown on	tributions en on	10. Amount o	of Capital Contribut DA to date.	ions	00	11. MAKE CHECK PAY	ABLE TO DEPT. OF STATE	
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