



FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A03634 1. Entity Name ASTORIA ARMS APARTMENTS PARTNERSHIP				Secretary of State	
Principal Place of Business 2350 WANDA WAY TALLAHASSEE, FL 32303		Mailing Address 1398 N SHADELAND AVENUE INDIANAPOLIS, IN 46219			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. # etc		04152004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 35-1297236 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODEN-PORTER, AQUEELAH 2350 WANDA WAY TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$0.00		10. Amount of Capital Contributions in FLORIDA to date 141.25		11. 141.25	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	1398 N. SHADELAND AVE.		CITY- ST- ZIP		
CITY- ST- ZIP	INDIANAPOLIS, IN 46219		STREET ADDRESS	U00000157257	
DOCUMENT #	NAME		CITY- ST- ZIP	05/06/04-80019-007 141.25	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
SIGNATURE: Walter M. Justus			4/24/04 (317) 353 8311		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		