

A05000002269

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and
number (shown below) on the top and bottom of all pages of the document.

((H05000290571 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this
page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BERGER SINGERMAN - FORT LAUDERDALE
Account Number : 120020000154
Phone : (954)525-9900
Fax Number : (954)523-2872

M. HODGES

05 DEC 22 21:03

RECEIVED

05 DEC 22 21:11:43

DIVISION OF CORPORATION

05-2269

LIMITED PARTNERSHIP AMENDMENT

POPLAR POINTE ATLANTA APARTMENTS LTD.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$113.75

Please note,
at this time
there is only
1 partner.
Thanks.

02899 Ack

02901 WS

02900 CC

Electronic Filing Menu

Corporate Filing

Public Access Help

H05000290571

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:

Poplar Pointe Atlanta Apartments Ltd.

Insert limited partnership's Florida document number: A05000002269

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

Poplar Pointe Atlanta Apartments LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office:
(if different from current recorded address):

4. The street address of principal office in Florida:
(if different from above)

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

☒ as of the date this document is filed with the Florida Secretary of State

☐ on date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:

Lawrence B. Steinberg

2650 North Military Trail, Suite 240

Boca Raton, Florida 33431

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 21 day of December, 2006

Signature of TWO Partners:

Typed or printed names of partners signing above: Poplar Pointe GP LLC

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

INHS66 (8/05)

FILED IN FLORIDA
05 DEC 22 11:16:03

H05000290571