A05954

ACCOUNT FILING COVER SHEET

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 16 AM 8:14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 16 AM 8:13

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2016133
(Sub Account)

DATE: 11-16-99

REQUESTOR NAME: LEXIS

ADDRESS:

TELEPHONE: (___) (___-_____) ext (___)

CONTACT NAME:

CORPORATION NAME: A 05954

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION: C. Woodyard

BK

RECEIVED
99 NOV 16 AM 11:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

___ CERTIFIED COPY (1-9)
X CERTIFICATE OF STATUS (1-9)
X PLAIN STAMPED COPY

( ) Call When Ready
(X) Walk In
( ) Mail Out

( ) Call if Problem
( ) Will Wait

( ) After 4:30
( ) Pick Up

700003045897--3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 16 AM 8:14

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

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. TURKSCAP APARTMENTS, LTD.
Name of the limited partnership

2. 09/01/1977
Date of filing/registration in Florida

3. A05954
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION SYSTEM
Name

1200 S. PINE ISLAND RD.
Address

PLANTATION, FL 33324
City, State and Zip

5. The name and address of the new registered agent and/or office:

LEXIS DOCUMENT SERVICES INC
Name

3953 WW KELLY ROAD
Florida street address (P.O. Box not acceptable)

TALLAHASSEE, FL 32311
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Kim Currie
Signature of General Partner

Lexford GP, L.L.C.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Rebecca Hensler Asst Sec
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: $35.00

INHS04(9/97)