

Due By May 1, 2007

DOCUMENT # A06000000191

1. Entity Name
LONGFELLOW APARTMENTS, LP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 31 AM 9:46

Principal Place of Business
300 ALEXANDER PALM RD
BOCA RATON, FL 33432

Mailing Address
300 ALEXANDER PALM RD
BOCA RATON, FL 33432



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

20-8195089

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINCHEN, GILBERT H
300 ALEXANDER PALM RD
BOCA RATON, FL 33432

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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
CITY - ST - ZIP

KINCHEN, GILBERT H
300 ALEXANDER PALM RD
BOCA RATON, FL 33432

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300087500333
02/06/07--01046--012 **\$500.00
300087500333
02/06/07--01046--013 **\$8.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE