## A06076

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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02 DEC 10 PM 4:54
DIVISION OF CONTORATION

A06074

## **CT** CORPORATION

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S,LTD		
	· · · · · · · · · · · · · · · · · · ·	
() Amendment	() Merger	
· <del></del> .		
() Dissolution/Withdrawal () Reinstatement	() Mark	
() Annual Report	() Other	
() Name Registration		
() Fictitious Name	() UCC	
() Photocopies —	() CUS	
() Call If Problem	() After 4:30	
() Will Wait	(x) Pick Up	
	•	
12/10/02	Order#: 5737706	
12,10,02	3737700	
.IN	•	
•	Ref#:	
<del></del>	<u></u>	
 	Amount: \$	
	() Amendment () Dissolution/Withdrawal () Reinstatement () Annual Report () Name Registration () Fictitious Name () Photocopies  () Call If Problem () Will Wait	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

Pursuant to the provision	s of sections 620.10	05 and 620,105	I, Florida Statutes,	, the undersigned li	mited
partnership organized und	er the laws of the sta	te of Florida	- <u></u>	, submi	ts the
following statement in or	der to change its re-	gistered office	or registered agent	, or both, in the sta	ite of
Florida.	·				
			•		
1. Cedarwood Apartments, 1	Ltd.				
		f the limited partne	ership		_
210/31/1977		3A06076			
Date of filing/registra	tion in Florida	<del></del>	Document nun	nber assigned	
4. The name and address	of the present register	ed agent and of	fice:		
Y auto	Degrament Seminer Inc			,	
	Document Services, Inc	·			
	W.W. Kelley Road	···			
	assee FL 32311			<del></del>	
5. The name and street ad	dress of the successor	registered ager	at and office: (P.O.)	Box <u>not</u> acceptable)	
CTC	orporation System				
c/o C ·	Corporation System,	1200 South Pine	sland Road		
Planta	tion, Florida 33324	<u>=</u>		- <del></del>	
Such change was authorize	d by the general parts	ners.			
Da OF	- P. 15	=	10 2	20	
Jack (O)	enature of General Partne	man	12-3-0	Date	
Having been named as r	egistered agent and	HCT to accept serv	ice of process for	the above stated liv	mited
partnership at the place d and agree to act in this ca	esignated in this cert	ificate, I hereby	accept the appoin	tment as registered t	ageni
proper and complete perf position as registered agei	ormance of my dutie	es, and I am fai	miliar with and acc	cept the obligation o	of my
Josition as registered agen		<u>-</u> 2	£ )		
REALD			12/3	0	_
Christine	gistered Agent signature M. Eastwine		, ,	Date	
<del>-</del>	t Secretary	•			

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHSE004(3/95)