

A07349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

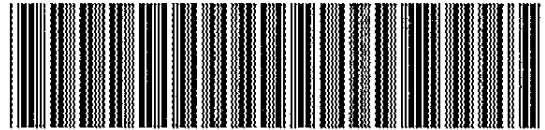
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/21/03--01006--009 \*\*35.00

RECEIVED  
03 AUG 21 AM 11:02  
STATE  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BK

FILED  
03 AUG 21 PM 2:22  
TALLAHASSEE, FLORIDA

CT CORPORATION

August 21, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
03 AUG 21 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5917868 SO  
Customer Reference 1: Equity  
Customer Reference 2: COA Project

Dear Secretary of State, Florida:

Please file the attached:

Meadowood Apartments II, Ltd (FL)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton  
Sr. Fulfillment Specialist  
Jeff\_Netherton@cch-lis.com

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

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03 AUG 22 PM 2:22  
TALLAHASSEE, FLORIDA

1. Meadowood Apartments II, Ltd.  
Name of the limited partnership
2. 3/23/1979 3. A07349  
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

Lexis Document Services, Inc.

1201 Hays Street

Tallahassee, FL 32301

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

Such change was authorized by the general partners.



Signature of General Partner

Paul Foreman, Secretary of Lexford Properties, LP, Gen Ptr

*Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.*

August 20, 2003

Date



Registered Agent signature

8/20/03

Date

Christine M. Eastwine  
Assistant Secretary

Filing Fee: \$35.00

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