A10300

(Re	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
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DIVISION OF CURPURATION

M



CT CORPORATION

December 10, 2002

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



Re: Ord

Order #: 5724400 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Amberwood Apartments, 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, F	lorida Statutes, the undersigned	d limited
partnership orga	nized under the laws of the state of Florida	, su	bmits the
following staten	nent in order to change its registered office or r	egistered agent, or both, in the	state of
Florida.		TALLAM	12 PEC
1. Amberwood A	partments, Ltd.	505	ā m
	Name of the limited partnership	· Figure	、宝口
2. 04/02/1981	3 <u>, A10300</u>	FLO	<u> </u>
Date of fi	ling/registration in Florida	Document number assigned	FF 33
4. The name and	d address of the present registered agent and office:		
	Lexis Document Services		,
	3953 W.W. Kelley Road		
	Tallahassee FL 32311		
5. The name and	d street address of the successor registered agent an	d office: (P.O. Box not acceptal	ole)
	C T Corporation System		
	c/o C T Corporation System, 1200 South Pine Islan	d Road	
	Plantation, Florida 33324		
Such change wa	s authorized by the general partners.	_	
Yal	Paul Foreman LP, aignature (Contra Partner	/2-3-02 Date	
Having been no partnership at to and agree to act	amed as registered agent and to accept service he place designated in this certificate, I hereby ac t in this capacity. I further agree to comply with th aplete performance of my duties, and I am famili	cept the appointment as register ne provisions of all statutes relat	red agent tive to the
hal	- 63 mg	12/3/02	
_	hristine M. Easiwille	Date	

Filing Fee: \$35.00

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

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