

A12716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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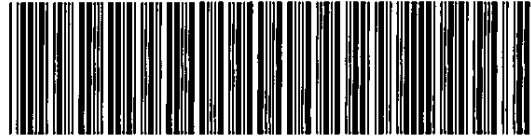
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: WILLOW BEND APARTMENTS, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A12716

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gale Silbermann, Esquire

(Contact Person)

Baxter, Strohauer, Mannion & Silbermann, P.A.

(Firm/Company)

1150 Cleveland Street, Suite 300

(Address)

Clearwater, FL 33755

(City, State and Zip Code)

For further information concerning this matter, please call:

Denise O'Shea

(Name of Contact Person)

at (727) 461-6100

(Area Code and Daytime Telephone Number)

Enclosed is a ~~\$35.00~~ check made payable to the Florida Department of State.

#52.50

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

INHS04 (01/06)

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Willow Bend Apartments, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/21/82

Date of filing/registration in Florida

3. A12716

Florida document number

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

Annette Simmons

Name

37 Brook Circle

Address

Leesburg, FL 34748

City, State and Zip

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

Gale Silberman, Esquire

Name

1150 Cleveland Street, Suite 300

Florida street address (P.O. Box not acceptable)

Clearwater FL 33755

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Neal Harding

Signature of General Partner

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 an accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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