DOCUMENT # A13607 1. Entity Name BERKSHIRE MANOR APARTMENTS, LTD. Principal Place of Business 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308 Mailing Address 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State	200	5 LIMITED PAR1 Due By	'NERSHIP AN May 1, 2005	NNUAL REP	ORT	Es	
IALLAHRSDEL, FL 32308 IALLAHRSDEL, FL 32308 \$141, 25 2. Principal Place of Business 3. Melling Address 01052005 Chg. LP CR2E003 (10/03) City & State City & State 01052005 Chg. LP CR2E003 (10/03) City & State Country State, Apt. #, etc. 01052005 Chg. LP CR2E003 (10/03) Zip Country Zip Country State, Applied F State, Applied F 8. Name and Address of Current Registered Agent Name State, Applied F Name State, Applied F MOTTICE, H. JAY 2019 Country State Address (P.O. Box Number is Not Acceptable) State Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32308 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) StotAntTRE Country To above named entry submits this statement for the purpose of charging its registered agent. or both, in the State of Porida. Tam family with, end acter 9. Capital Contributions In CURIDA to date. DNT 9. Capital Contributions In CURIDA to date. DNT 9. Capital Contributions In CURIDA to date. DNT 9. Capital Contrubutins State ADDRES CHANCES ONLY <t< td=""><td colspan="3"></td><td>CTHE STOR</td><td>OSMAN,</td><td>$\leq D$</td></t<>				CTHE STOR	OSMAN,	$\leq D$	
IALLAHRASEE, FL 32308 IALLAHRASEE, FL 32308 \$141, 25 2. Principal Place of Business 3. Mailing Address 01052005 Chg. LP CR2E003 (10/03) City & State City & State 01052005 Chg. LP CR2E003 (10/03) City & State City & State 01052005 Chg. LP CR2E003 (10/03) Zip Country Zp Country State Address of Current Registered Agent Name MOTTICE, H. JAY 2010 Country S. Certificate of Status Desired Street Address (P.O. Box Number is Not Acceptable) City FL Zip Country Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entry submits in a statement for the purpose of changing its registered disca or registered agent. The objeations of registered agent. SiGNATURE 27, 14200 10. Angult of Capital Contributions or Topolity submits instatement for the purpose of changing its registered agent. DNIE 9. Capital Contributions (P.O. Box Number is Not Acceptable) DNIE DOINE DNIE 10. Capital Contributions (P.O. Box Number is Not Acceptable) DNIE DOINE DNIE 10. Capital Contributions (P.O. Box Number is Not Acceptable)	1. Entity Name				SE0 119	Obe in	
IALLAMASSE, FL 32308 IALLAMASSE, FL 32308 \$141, 25 IALLAMASSE, FL 32308 State IALLAMASSE, FL 32308 \$141, 25 IALLAMASSE, FL 32308 State, Apl. #, etc. State, Apl. #, etc. Intervention Interv	BERKSHIRE MANOR APARTMENTS, LTD.				TALLATIARY	^{10:} 29	
IALLAHRASEE, FL 32308 IALLAHRASEE, FL 32308 \$141, 25 IALLAHRASEE, FL 32308 \$1002005 City & State Oty & State City & State Oty & State IALLAHRASEE, FL 32308 Interview				A STREET	ANASSEF	STAT	
IALLPHASSEL, FL 32308 Status \$141, 25 IALLPHASSEL, FL 32308 \$100, 2005 Suite, ApJ, #, etc. Suite, ApJ, #, etc. City & State Only & State IALLPHASSEL, FL 32308 Interview IALLAHASSEL, FL 32308 Interview <td>1 .</td> <td></td> <td>•</td> <td></td> <td>., /</td> <td>LORIDA</td>	1 .		•		., /	LORIDA	
2. Principal Place of Business 3. Melling Address 4. FEI Number 5. Org.LP CR2E003 (10/03) 4. FEI Number 5. Cartische of Status Desired 1052005 Chg-LP CR2E003 (10/03) 4. FEI Number 5. P2-2258094 4. FEI Number 5. Additional 7. Name and Address of New Registered Agent Norme 5. Cartische of Status Desired 5. Cartische of Status 5. Cartische of Status 5. Cartisc							
Suile, ApL.#, etc. Suile, ApL.#, etc. Suile, ApL.#, etc. D1052005 ChgLP CR2E03 (10/03) City & State Chi y & State D1052005 ChgLP CR2E03 (10/03) Zip Country Zip Country S. Certificate of Status Desired Applied F Solide, Apl. 4, etc. Set 75 Additional Set 75 Additional Set 75 Additional Set 75 Additional Country S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Set 75 Additional MOTTICE, H. JAY 2019 CENTRE POINTE BLVD, STE. 101 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32308 City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered difice or registered agent, or both, in the State of Poida. Lam familier with, and active of registered agent. DM14 SIGNATURE Signate, thed or printerbare of regester agent and text agents. DM14 SiGNATURE Control of 27 1142 JU 10. Annound of Capital Contributions DM14 SiGNATURE Control of 27 1142 JU 10. Annound of Capital Contributions DM14 SiGNATURE Control of 27 1142 JU 10. Annound of Capital Contributions D	I ALEMINOSE	12,12 32300			\$. 	141,25 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City & State City & State City & State Image:	2. Principal Place of Business		3. Mailing Address				
Zip Country Zip Country 59-2258094 Not Applied Image: Status Desired Status Desired Agent Note MOTTICE, H, JAY 2019 CENTRE POINTE BLVD., STE. 101 TatLAHASSEE, FL 32308 Status Desired Agent Date Cly FL Zip Code Image: Status Desired agent. Status Desired agent. Status Desired agent. Status Desired agent. TatLAHASSEE, FL 32308 Date Image: Status Desired agent. Image: Status Desired agent. Image: Status Desired Agent amage: Status Desired	Suite, Apt#, etc.		Suite, Apt. #, etc.		01052005 Chg-LP	CR2E003 (10/03)	
	City & Stat	le	City & State	7/5		Applied For Not Applicable	
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent MOTTICE, H. JAY 2019 CENTRE POINTE BLVD, STE. 101 TALLAHASSEE, FL 32308 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) Outwent / Note: Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address Stre	Zip	Country	Zip	Country	5. Certificate of Status Desired		
MOTTICE, H. JAY Name 2019 CENTRE POINTE BLVD., STE. 101 Street Addrass (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32308 City B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and active chigations of registered agent. SIGNATURE Street Addrass (P.O. Box Number is Not Acceptable) B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and active chigations of registered agent. SIGNATURE Street Addrass (P.O. Box Number is Not Acceptable) Image: Street Addrass (P.O. Box Number is Not Acceptable) Image: Street Addrass (P.O. Box Number is Not Acceptable) SIGNATURE Street Addrass (P.O. Box Number is Not Acceptable) Image: Street Addrass (P.O. Box Number is Not Acceptable) Image: Street Addrass (P.O. Box Number is Not Acceptable) SIGNATURE Street Addrass (P.O. Box Number is Not Acceptable) Image: Street Addrass (P.O. Box Number is Not Acceptable) Image: Street Addrass (P.O. Box Number is Not Acceptable) Image: Street Addrass (P.O. Box Number is Not Acceptable) Image: Street Addrass (P.O. Box Number is Not Acceptable) Image: Street Addrass (P.O. Box Number is Not Acceptable) Image: Street Addrass (P.O. Box Number is Not Acceptable) Image: Street Addrass (P.O. Box Number is Not Acceptable) Image: Street Addrass (P.O. Box Number is Not Acceptable)	ļ	6. Name and Address of Current	Registered Agent		7. Name and Address of New	· · · · · · · · · · · · · · · · · · ·	
2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308 City City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and active digetored agent. SIGNATURE 9. Capital Contributions 2.7 142.00 10. Amount of Capital Contributions as Shown on report. 0.4 E 9. Capital Contributions 2.7 142.00 10. Amount of Capital Contributions as Shown on report. 0.4 E 000uwent / Centeral Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. CENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY Inter 400ess SIRET 400ess OUNENT / SIRET 400ess SIRET 400ess OTY 51-2P OCUMENT / SIRET 400ess				Name			
TALLAHASSEE, FL 32308 City Elip Zip Code It could be above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and active objections of registered agent. It could be applied to the form of the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and active objections of registered agent. SIGNATURE Signature, need or mediations of registered agent and tele (applicable) DATE 9. Capital Contributions 2.7, 1.4200 10. Amount of Capital Contributions in FLORIDA to date. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. DOCUMENT / NAME SIREET ADDRESS SIREET ADDRESS OTY SI-2P City SI-2P DOCUMENT / SIREET ADDRESS SIREET ADDRESS OTY SI-2P SIREET ADDRESS City SI-2P OCUMENT / SIREET ADDRESS SIREET ADDRESS OTY SI-2P SIREET ADDRESS City SI-2P OCUMENT / SIREET ADDRESS SIREET ADDRESS OCUMENT / SIREET ADDRESS SIREET ADDRESS OTY SI-2				Street Address	Street Address (P.O. Box Number is Not Acceptable)		
				City		Zip Code	
the obligations of registered agent. DATE 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. DOCUMENT / IL 14932 BERKSHIRE MANOR, INC. STRET ADRESS 2019 CENTRE POINTE BLVD., STE. 101 CITY-ST-2P OUCUMENT / NAME STRET ADRESS CITY ST-2P OUCUMENT / NAME STRET ADRESS CITY ST-2P OUCUMENT / NAME STRET ADRESS <td colspa<="" td=""><td>9 The obour</td><td>armod patity submits this statement f</td><td>the purpose of changing its</td><td></td><td>red agant or both in the State of F</td><td></td></td>	<td>9 The obour</td> <td>armod patity submits this statement f</td> <td>the purpose of changing its</td> <td></td> <td>red agant or both in the State of F</td> <td></td>	9 The obour	armod patity submits this statement f	the purpose of changing its		red agant or both in the State of F	
Date Date <th cols<="" td=""><td></td><td></td><td>a the purpose of changing its</td><td>registered blace of registe</td><td>red agent, or both, ar the blate of t</td><td></td></th>	<td></td> <td></td> <td>a the purpose of changing its</td> <td>registered blace of registe</td> <td>red agent, or both, ar the blate of t</td> <td></td>			a the purpose of changing its	registered blace of registe	red agent, or both, ar the blate of t	
9. Capital Contributions as Shown on record. 2 7, 142.00 10. Amount of Capital Contributions in FLORIDA to date. 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 / L14932 NAME STREET ADDRESS 2019 CENTRE POINTE BLVD., STE. 101 CITY-ST-2P TALLAHASSEE, FL 32308 DOCUMENT / NAME STREET ADDRESS CITY-ST-2P	SIGNATURE	·····			· · · · · · · · · · · · · · · · · · ·	Duté	
as Shown on record. 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. I2. GENERAL PARTNER INFORMATION I3. ADDRESS CHANGES ONLY DOCUMENT / NAME BERKSHIRE MANOR, INC. SIREET ADDRESS CITY-ST-2P DOCUMENT / NAME SIREET ADDRESS CITY-ST-2P DOCUMENT / SIREET ADDRESS CITY-ST-2P SIREET ADDRESS CITY-ST-2P		•				DAIE	
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / L14932 BERKSHIRE MANOR, INC. STREET ADDRESS CITY-ST-ZIP DOCUMENT / DOCUMENT / L14932 STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS							
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / L14932 BERKSHIRE MANOR, INC. STREET ADDRESS CITY-ST-ZP DOCUMENT / TALLAHASSEE, FL 32308 CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP DOCUMENT / STREET ADDRESS CITY-ST-ZIP		A GENERAL PARTNER	THAT IS A BUSINESS EN	TITY MUST BE REGIS	TERED AND ACTIVE WITH T	HIS OFFICE.	
NAME BERKSHIRE MANOR, INC. STREET ADDRESS 2019 CENTRE POINTE BLVD., STE. 101 CITY-ST-ZIP DOCUMENT / TALLAHASSEE, FL 32308 DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	12						
STREET ADDRESS 2019 CENTRE POINTE BLVD., STE. 101 CITY-ST-ZIP TALLAHASSEE, FL 32308 DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY SI-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY SI-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT / STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP DOCUMENT / STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-SI-ZIP				STREET ADDRESS			
CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP					·	<u></u>	
NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT / STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP DOCUMENT / STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY - ST - ZIP	CITY-ST-ZIP						
STREET ADDRESS DITY_SI-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY_SI-ZIP DOCUMENT / STREET ADDRESS CITY_SI-ZIP CITY_SI-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY_SI-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY_SI-ZIP	1			STREET ADDRESS			
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	1		·.	01TV 61-719			
NAME STREET ADDRESS CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			n		·····		
STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	1		•	STREET ADDRESS			
NAME STREET ADDRESS		i		CITY-ST-ZIP			
				STREET ADDRESS			
DOCUMENT # STREET ADDRESS	STREET ADDRESS		K	CITY ST-ZIP			
	DOCUMENT # NAME						
		/ .	//	CITY-ST-ZIP			
DOCUMENT / STREEL ADDRESS	DOCUMENT #			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-ST-7IP			
CITY-ST-ZP	14 Lbarabu	certify that the information supplied wit	h this filing does not qualify for	the examplion stated in S	ection 119 07(3)(i) Florida Statutos	Liurther certify that the information	
14. Thereby certify that the information supplied with this hing does not duality for the exemption stated in Section 515.07(3)(r). Forda Statutes, Forther Guidy that the mornal 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 partners the receiver or trustee empowared to execute this report as required by Chapter 620. Florida Statutes		certiny that the information supplied with	that my alcosture abolt hour	the same local offect as if	made under oath: that I am a Gene	ral Partner of the limited nartnershin or	
SIGNATURE: John P. Mottice, President 4/22/05 850-386-2/17 Ignature and typed or PRINTED NAME OF SIGNING GENERAL PARTNER Dato Dato Dato	l indicated	ver or trustee empowered to execute th	his report as required by Chap	ter 620. Florida Statutes			

**