## A14640

DZ DEC 10 PM 1: 26

(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:

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DIVISION OF CONFORATION

## **CT** CORPORATION

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CORPORATION(S) NAME		OLUNE TAKE OF STATE	
		TALLAHASSEE, FLORIDA	
KINGS CROSSING APART	MENTS, LTD		
() Profit	() Amendment	() Merger	
() Nonprofit	••	,,	
() Foreign	() Dissolution/Withdrawal	() Mark	
	() Reinstatement		
() Limited Partnership	() Annual Report	() Other	
()LLC	() Name Registration	CX Change of RA	
	() Fictitious Name	() UCC	
() Certified Copy	() Photocopies	() CUS	
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out			
Name	12/10/02	Order#: 5737706	
Availability		-	
Document	JN	_ ~	
Examiner		Ref#:	
Updater			
Verifier			
W.P. Verifier		Amount: \$	

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<sub>0.2 DEC. 10</sub> PM 1: 26

SLUNC LANT OF STATE TALLAHASSEE, FLORIDA

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.
1. Kings Crossing Apartments, Ltd.
Name of the limited partnership
2. 06/08/1983 3. A14640
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.
3953 W.W. Kelley Road
Tallahassee FL 32311
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.
Rather Paul Foreman 12-3-02
Signature of General Partner  Furty Residential Follows and to accept service of process for the above stated limited  artnership at the place designated in this contilicate. I have a count the appointment as registered agent
bui incistib at the blace acsignated in this certificate. I hereby accept the appointment as registered axem
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.
(x) (x) - (x
Registered Agent signature  Date
Assistant Secretary

Filing Fee: \$35.00

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

INHSE004(3/95)