


FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A17363</b> 1. Entity Name <b>HOLLY SANDS APARTMENTS, LTD.</b>				<b>FILED</b> <b>07 MAY 17 PM 1:11</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>TWO N. RIVERSIDE PLAZA</b> <b>CHICAGO, IL 60606</b>		Mailing Address <b>TWO N. RIVERSIDE PLAZA</b> <b>CHICAGO, IL 60606</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>25 Philips Parkway</b>		Suite, Apt. #, etc. <b>same</b>			
City & State <b>Montvale, NJ 07645</b>		City & State		4. FEI Number <b>59-2523594</b>	
Zip <b>07645</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M06000005029		STREET ADDRESS		
NAME	EMPIRIAN LEXFORD GP 2 LLC		CITY-ST-ZIP		
STREET ADDRESS	25 PHILLIPS PARKWAY				
CITY-ST-ZIP	MONTVALE, NJ 07645				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____ DATE: <b>4/24/07</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					