A18402

(Re	equestor's Name)					
(Ad	ldress)					
(Ad	ldress)					
(Cil	ty/State/Zip/Phone	e #)				
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Raintree Apartments II, Ltd.					
Name of Limited Partne	ership or Limited Liability Limited Partnership				
DOCUMENT NUMBER:	A18402				
The enclosed Statement of Change of R fee(s) are submitted for filing.	egistered Office and/or Registered Agent and				
Please return all correspondence concer	ming this matter to:				
April Cliche					
Contact Person					
Raintree Apartments II	l, Ltd.				
Firm/Company					
3111 Paces Mill Rd. Ste	. A-250				
Address					
Atlanta, GA 30339	9				
City, State and Zip Code					
acliche@hallmark	co.com				
E-mail address: (to be used for future annual					
For further information concerning this	matter, please call:				
April Cliche	at (770) 984-2100x118				
Name of Contact Person	Area Code and Daytime Telephone Number				
Enclosed is a \$35.00 check made payab	ele to the Florida Department of State.				
STREET ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P. O. Box 6327				
2661 Executive Center Circle	Tallahassee, FL 32314				
Tallahassee, FL 32301					

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.	Raintree Apart	ments II, L	td.	
Nar	ne of Limited Partnership or Limi			
2. 1	1/29/1984 3. A18402			
Date of filing/registration in Florida Florida docum				umber
4. The name of the reg Department of State:	gistered agent and the registered o	ffice address as	shown on the record	ds of the Florida
	Susan A	dams		
	Name			
	4040 West Newberry	Road, Suite	950B	
	Addre			
	Gainesville, I	FL 32607		Ž
	City, State a	ınd Zip		6
5. The name and Flori	da street address of the new regist	ered agent and/o	or office:	JAN -
	The Hallmark Co	mpanies, Ind	>	7
	Name	:		
	4040 West Newberry	Road, Suite	950B	(a) in (a)
•	Florida street address (P.O	Box not accept	table)	
	Gainesville,	FL	32607	Z»
	City, State a	and Zip		
6. Such change(s) is/a Signature of General P	re effective when filed by the Flor	ida Department	of State.	
comply with the provis	pointment as registered agent and ions of all statutes relative to the an accept the obligations of my p	proper and comp	olete performance o	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50