

# A 22094

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

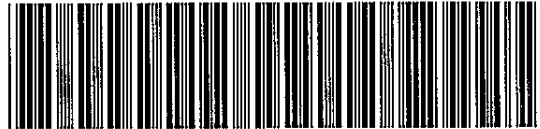
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

12/11  
JLS

Office Use Only



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12/11/02--01011--005 \*\*3675.00

RECEIVED  
02 DEC 10 PM 4:43  
DIVISION OF CORPORATION

**CT CORPORATION**

CORPORATION(S) NAME

HIDDEN ACRES APARTMENTS, LTD.

|                                              |                                                 |                                                  |
|----------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                  |
| <input type="checkbox"/> Nonprofit           |                                                 |                                                  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                    |
|                                              | <input type="checkbox"/> Reinstatement          |                                                  |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input checked="" type="checkbox"/> Change of RA |
|                                              | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30              |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up      |
| <input type="checkbox"/> Mail Out            |                                                 |                                                  |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

12/10/02

JN

Order#: 5737706

Ref#: \_\_\_\_\_

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**

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. Hidden Acres Apartments, Ltd.  
Name of the limited partnership

2. 02/24/1986 3. A22094  
Date of filing/registration in Florida Document number assigned

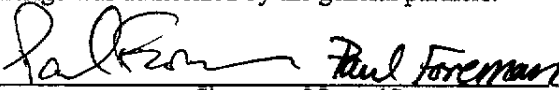
4. The name and address of the present registered agent and office:

Lexis Document Services, Inc.  
3953 W.W. Kelley Road  
Tallahassee FL 32311

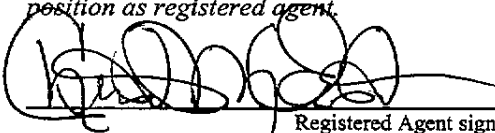
5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

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.

 12-3-02  
Signature of General Partner Date

Lexford GP II, LLC Attorney in fact  
Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 and accept the obligation of my position as registered agent.

 12/3/02  
Registered Agent signature Date  
Christine M. Eastwine  
Assistant Secretary

Filing Fee: \$35.00

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

INHSE004(3/95)