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ACCOUNT NUMBER:_	FCA000000005	
REFERENCE: (Sub Account)	2016133	99 P. S.
DATE:	11-16-99	99 NOV 16
REQUESTOR NAME:	LEXIS	5 P. C.
ADDRESS:		AN 9: LT
TELEPHONE: () () exc	()
CORPORATION NAME:_	A 23016	
DOCUMENT NUMBER:	C. Woodigad	0000030457907
CERTIFIED COPY CERTIFICATE OF PLAIN STAMPED	STATTIS /1-01	•, }
Call When Ready Walk In) Mail Out	Y () Call if Problem () Will Wait	RECEIVED RECEIVED
		AN II: 25 AN II: 25 AN STATE REPORATION

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 submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CALIFORNIA GARDENS APARTMENTS, LTD.
Name of the limited partnership
2. 08/05/1986 3. A23016 Date of filing/registration in Florida Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT CORPORATION SYSTEM
Name
1200 S. PINE ISLAND RD. Address
PLANTATION, FL 33324 City, State and Zip
5. The name and address of the new registered agent and/or office:
LEXIS DOCUMENT SERVICES INC Name
3953 WW KELLY ROAD
Florida street address (P.O. Box not acceptable)
TALLAHASSEE, FL 32311
City, State and Zip 5. Such change(s) was/were authorized by the general partners.
Line Curie
Signature of General Partner Lex ford G.P. L.L.C.
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 obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.
Lebecca Akishi asst Sec
lignature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

INHS04(9/97)