

**A 23747**

ACCOUNT INFORMATION SHEET

ACCOUNT NUMBER: CA000000005

REFERENCE: 2024097  
(Sub Account)

DATE: 8-10

REQUESTOR NAME: LEXIS

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: Ambergate Apartments, Ltd.

DOCUMENT NUMBER: A23747  
(if applicable)

300003352673--9

AUTHORIZATION: C. Woodyard

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

35.00

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 4:30
- Pick Up

BK 8/10

RECEIVED  
00 AUG 10 PM 1:08  
DIVISION OF CORPORATION

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
00 AUG 10 PM 3:08

**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.

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DIVISION OF CORPORATIONS  
11119 STATE  
000 AUG 10 PM 3:08

1. Ambergate Apartments, Ltd.  
Name of the limited partnership
2. 12/9/86 3. A23747  
Date of filing/registration in Florida Document number assigned

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

William E. Taylor  
801 Uno Lago Dr.  
Juno Beach, FL 33408

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

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

Such change was authorized by the general partners.

Lisa Currie 8/3/00  
Signature of General Partner Date

*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.*

Anthony E. Marky, Lexis 8/4/00  
Registered Agent signature Date

**Filing Fee: \$35.00**

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