

A24133

LAW OFFICE
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RICHARD J. HORWICH
IRA ZAGER
MITCHELL A. HORWICH
FRANCINE HORWICH

June 30, 2000 800003322458--7

-07/11/00--01072--001
*****33.75 *****33.75

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

IN RE: Townhouse Apartments, Ltd.

Gentlemen:

A24133

We file herewith Statement of Qualification for Florida Limited Liability Limited Partnership, together with a check of the partnership to the Florida Department of State in the amount of \$33.75 to cover the following:

Filing Fee	\$25.00
Certificate of Status	8.75
Total	\$33.75

Please forward the Certificate of Status to the undersigned rather than to the partnership.

Please call the undersigned if there is any question or further requirement.

Very truly yours

RJH
RICHARD J. HORWICH

RJH/adf
Enclosure

cc: Kathryn R. Posten, C.P.A. (w/encl.)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 JUL 10 PM 1:09

FILED

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**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:
TOWNHOUSE APARTMENTS, LTD.

Insert limited partnership's Florida document number: A 24133

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP
("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office: (no change)
(if different from current recorded address):

4. The street address of principal office in Florida: (no change)
(if different from above)

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
X as of the date this document is filed with the Florida Secretary of State
or
___ a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:

Paul Oxley
1541 Brickell Avenue Apt. A 401
Miami, Florida 33129

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00 JUL 10 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 30 day of June, 19 2000.

Signature of TWO Partners:

Chateau Elizabeth, Inc., by its president Paul Oxley
Bermuda Company, by its president Paul Oxley

Typed or printed names of partners signing above:

Paul Oxley
Paul Oxley

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75