

**A24133**

*Chad Elzaeth Office Suite 101*

Requester's Name \_\_\_\_\_

3535 Hiawatha Ave. \_\_\_\_\_

Address \_\_\_\_\_

Miami, Fl. 33133-4077 \_\_\_\_\_

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

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
 01 AUG 20 PM 5:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Photocopy             |
|                                   |   | <input type="checkbox"/> Certificate of Status |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

500004543095--1.  
 -08/20/01--01125--010  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

*A24133*

*OK*

Examiner's Initials

**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. Townhouse Apartments, Ltd. LLLP  
Name of the limited partnership
2. April 26, 2001 3. A24133  
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:

Paul Oxley  
Name  
1541 Brickell Avenue, Apt. #A401  
Address  
Miami, FL 33129  
City, State and Zip

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TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and/or office:

Robert R. Bellamy  
Name  
Chateau Elizabeth Office-Suite 101  
3535 Hiawatha Avenue  
Florida street address (P.O. Box not acceptable)  
Miami FL 33133-4077  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.  
Chateau Elizabeth, Inc., General Partner

B.D. Rawls  
Signature of General Partner B.D. Rawls, Secretary

*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 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.*

Robert R. Bellamy  
Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**