2002	UNIFORM BUS	INESS REP	ORT	(UBR)				-
DOCUMENT # A24133					FILED			
TOWNHOUSE APARTMENTS, LTD. LLLP					02 MAY -6 PM 2: 22			
Principal Place 8800 SW 68TH MIAMI FL 3315	COURT	Mailing Address TOWNHOUSE APARTMENTS, LTD. P.O. BOX 330478 MIAMI FL 33233-0478		SECRETARY OF STATE TALLAHASSEE. FLORIDA				
2. Principal Place of Business 3. Mailing Address 3535 HIAWATHA AVENUE 3535 HIAWATHA			A AVEN	TTR	T LEBRORY FOR STOLL BLOOK FIRM HIS AND HIS AND THE STOLL BLOCK BEING AND A STOLL BLOCK STOLL STO			
Suite, Apt.	#, etc.	Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc.		DUE BY MAY 1, 2002			
City & State)	City & State	City & State			59-2767146	-	Applied For Not Applicable
MIAMI I	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
33133	6. Name and Address of Curren		UNIT	ED STATES	7. Name and A	Address of New Register		quired
o. Name and Address of Current registored Agent				Name				
BELLAMY, ROBERT A CHATEAU ELIZABETH OFFICE, SUITE 101				Street Address (P.O. Box Number is Not Acceptable)				
3535 HIAWATHA AVENUE MIAMI FL 33133-4077				City	FL Zip Code			Code
8. The above	named entity submits this statement	for the purpose of changing	its register	ed office or registe	red agent, or both	, in the State of Florida.	•	
SIGNATURE _							ATE	
9. Capital Cor		ipital Contri	butions \$1,500,0		11. MAKE CHECK PAY SEE REVERSE SID	ABLE TO DE	PT. OF STATE	
as Shown o	A CENEDAL DADTNED	THAT IS A RUSINESS	ENTITY N	UST BE REGIS	TERED AND A	CTIVE WITH THIS OF	FICE.	
10	NOTE: General Partners N	ER INFORMATION	13.		III IIIUSI DE IIIEI	ADDRESS CHANGES		
DOCUMENT #	P14314	ER INI OTHER TON		EET ADDRESS				
NAME STREET ADDRESS	CHATEAU ELIZABETH, INC.			r-ST-ZIP	-05/17/0201012005			
CITY-ST-ZIP	RENO NV					**** 191 437.	5/)	* 141.25 439.50
DOCUMENT # NAME			STR	EET ADDRESS				737.33
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP	<u></u>		···-	
DOCUMENT #			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			СІТ	Y-ST-ZIP				
DOCUMENT #			STR	EET ADDRESS		· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP				
DOCUMENT #		<u>. </u>	STF	EET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP				
DOCUMENT #			STF	REET ADDRESS				
STREET ADDRESS			CIT	V_ ST_7IP				

14. I herefy certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE: ZSCAR ZOREOROBERT.

CITY-ST-ZIP

4/18/02

305-856-5561