		DUCINECO	DEDART	/IIDD1
2000	UNIFORM	BUSINESS	KEPUKI	(ARK)

DOCUMENT # A24877 1. Entity Name SUMMERBREEZE APARTMENTS, LTD.					,	OIVISION OF CORPOR					86 ≥	
SUITE 402 SUITE 402			311 W. WATERS AVE.					APK 2	?7 AH 3.	: 05		
Principal Place of Business 3. Mailing Address					-	1868 811 BIO BIO BIO 1860 1860 186	 	ATOM DIBIL BIBIL B				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		ACE						
City & State	e			City & State		4. FEI Number 59-2823127				plicable		
Zip		Country		Zip	Соил	ntry	5. Certificate of	f Status Desired		3.75 Addition e Required	nal	
6. Name and Address of Current Registered Agent						Name	7. Name and A	Address of New Regis	tered Age	ent		
WILLIAMS, JOSEPH M					Street Address	(P.O. Box Number	is Not Acceptable)				İ	
4311 W. V STE 402	WATERS A	/ E	•									
TAMPA FL 33614				City			FL	Zip Code		İ		
8. The above	named entit	y submits this sta	atement for the	ourpose of changing its	s register	ed office or registe	red agent, or both.	, in the State of Florida.				
SIGNATURE .	Signature, typed	or printed name of regi	stered agent and title	ıf applicable. (NO	TE: Registere	d Agent signature require	d when reinstating)		DATE			
9. Capital Contributions as Shown on record. \$1,060,000.00 In FLORIDA to date.			date.			11. MAKE CHECK PA SEE REVERSE S	IDE FOR I					
	A (GENERAL PAI General Part	RTNER THAT	IS A BUSINESS EN T be changed on t	NTITY M	UST BE REGIS ; an amendmer	TERED AND AC nt must be filed	TIVE WITH THIS O	FFICE. al partno	эг.		
12. GENERAL PARTNER INFORMATION 1					13.			ADDRESS CHANG	ES ONLY			ெ
DOCUMENT# NAME	SUMMERBREEZE, INC.			STRI	EET ADDRESS						6/6)	
STREET ADDRESS CITY+ST+ZIP	4311 W. WATERS AVE., STE. 600 TAMPA FL 33614		CITY	-ST-ZIP	0000032585705 -05/19/0001011002				-5 	CR2E003 (9/99)		
DOCUMENT# NAME			<u> </u>		STRI	EET ADDRESS		****526.	25 *	***526.	25	გ
STREET ADDRESS CITY-ST-ZIP					CITY	'- ST- ZIP						
DOCUMENT# NAME			<u> </u>		STR	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					CITY	'- ST- ZIP						
DOCUMENT# NAME			· ———	.	STR	EET ADDRESS						
STREET ADDRESS CITY-ST-ZEP	*				CITY	'-ST-ZIP						
DOCUMENT # NAME					STR	EET ADORESS						
STREET ADDRESS CITY - ST - ZIP					СПУ	-ST-ZIP					.	
DOCUMENT# NAME					STR	EET ADDRESS					<i>[</i>]	
STREET ADDRESS CITY-ST-ZIP		· • • • • • • • • • • • • • • • • • • •			L	-ST-ZIP						
indicated	on this repor	t is true and acc	urate and that r	iling does not qualify for ny signature shall have ort as required by Chap	the same	e legal effect as if r	ection 119.07(3)(i) made under oath; t	, Florida Statutes. I furt that I am a General Pai	her certify tner of the	that the inform Imited partne	nation ership or	
SIGNAT	URE: _	SIC SIGNATURE AN	D TYPED OR PRINT	ED NAME OF SIGNING GENER	PZO) 4/	125/00) 8/3	882 Dayti	-059 ma Phone #	99	