# A31225

(Re	equestor's Name)		
(Ac	ddress)		
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(Ci	ity/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Na	me)	
(Do	ocument Number)		
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SECRETARY OF STATE
BIVISION OF CORPORATIONS

OR IAN -7 AM 8: 44

J. BRYAN
JAN - 8 2008

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: DMC Apartment Fund III, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER: A31225** 

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Victor Alfano

(Contact Person)

National Corporate Services, LLC

(Firm/Company)

16055 Space Center Blvd., Ste. 235

(Address)

Houston, TX 77062

(City, State and Zip Code)

For further information concerning this matter, please call:

Victor Alfano

at ( 800

862-5438

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

#### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

ahassee FI 32301

INHS04 (01/06)

08 JAN -7 AM 8: 44



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 24, 2007

VICTOR ALFANO NATIONAL CORPORATE SERVICES, LLC 16055 SPACE CENTER BLVD., STE 235 HOUSTON, TX 77062

SUBJECT: DMC APARTMENT FUND III, LTD.

Ref. Number: A31225

We have received your document for DMC APARTMENT FUND III, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A general partner must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 007A00071379

Joey Bryan Regulatory Specialist II SECRETARY OF STATEMS
SIVISION OF CORPORATIONS
08 JAN - 7 AM 8: 44



December 31, 2007

Florida Department of State Division of Corporations Attn: Joey Bryan P.O. Box 6327 Tallahassee, FL 32314

RE:

Town Center Condos, LP Tampa Parkland Apartments, L.P.

DMC Tampa Parkland, L.P.

√Universal Avenue Apartments, LP

DMC Baywater Apartments Limited Partnership

✓DMC Apartment Fund III, Ltd.

めて Conventional-NOC, L.P.

✓ North Ocean Condos, L.P.

✓DMC-Management Co., Ltd.

✓Orlando Apartments, LLC

Dear Mr. Bryan:

In response to your letters attached dated December 24, 2007, we are attaching the corrected documents for resubmission. Please let me know if you need anything further in connection with these filings in order to proceed.

As requested, a copy of each of your letters is attached. Thank you.

Very truly yours,

Victor Alfano Vice President

Encl.

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. DMC Apa	rtment Fund III,	Ltd.			
Na	me of Limited Partnership or	Limited Liability Limited Partr	nership	•	
2.2/25/1991		3. A31225			
Date of filing	registration in Florida	_	cument number	_	
4. The name of the re Department of State:	gistered agent and the registe	ered office address as shown on	the records of the Florida	a	
	<b>CT Corporatio</b>	<del>n System</del>		TANCE T	
		Name	BAILIN, LAWRI		
	1200 South Pil	<del>ne Island Roa</del> d 🧸	SUITE 3300		•
		Address	TAMPA, FL 336	601 US	
	Plantation, FL	33324			
	City, S	State and Zip	_		
5. The name and Flor	ida street address of the new	registered agent and/or office:			
	NRAI Services, Inc.		· 	,	
		Name			
	2731 Executive Park	Drive, Suite 4	_` &	SION ECR	
	Florida street address	s (P.O. Box not acceptable)		95 <u>7</u>	
	Weston	FL 33331			
	City, S	State and Zip	<b>A</b>		
6. Such change(s) is/a	are effective when filed by th	e Florida Department of State.	ŧ. Ö	ATIONS	
Signature of General I	Partner				
comply with the provis	sions of all statutes relative to an accept the poligations of	nt and agree to act in this capaci o the proper and complete perfo my position as registered agent 	rmance of my duties,		
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50