A5700000010

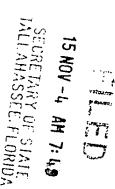
	(Requestor's Name)					
(Address)						
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UF	P WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
	; ;					

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	SUBJECT: THE WOODS APARTMENTS LIMITED Name of Limited Partnership or Limited Liability Limited Partnership							
	Name of Limited Partnersl	nip or Limi	ted Liabil	ity Limited Partnership				
DOCU	DOCUMENT NUMBER:		A9300000010					
	nclosed Statement of Change of Reg are submitted for filing.	gistered C	office an	d/or Registered Agent and				
Please	return all correspondence concerni	ng this m	atter to:					
	CHERYL COOKE			_				
	Contact Person							
	THE WOODS APARTMENTS	LIMITE)	_				
	Firm/Company							
	P.O. BOX 358778							
	Address							
	GAINESVILLE, FL 326	35						
	City, State and Zip Code			-				
	CCOOKE@GREMCO	D.COM						
E	-mail address: (to be used for future annual	report not	ification)					
For fu	rther information concerning this m	atter, ple	ase call:					
	CHERYL COOKE	at (352) 264-7181				
	Name of Contact Person	— (<u>A</u> 1	ea Code a	nd Daytime Telephone Number				
Enclos	sed is a \$35.00 check made payable	to the Fl	orida De	epartment of State.				
STRE	CET ADDRESS:		MAIL	ING ADDRESS:				
Registration Section			Registration Section					
Division of Corporations			Division of Corporations					
Clifton Building			P. O. Box 6327					
	2661 Executive Center Circle Tallahassee, FL 32314							
Tallah	assee, FL 32301							

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	THE WOODS APAR			
Nan	ne of Limited Partnership or Limit	ed Liability l	Limited Partnership	
2. 13	2/31/1992	3.	A93000000	010
Date of filing/	registration in Florida		Florida document n	umber
4. The name of the reg Department of State:	gistered agent and the registered of	ffice address	as shown on the record	ds of the Florida
	CHERYL C	OOKE		
•	Name	;	 _	
	2040 NW 67T	H PLACE		
	Addres	SS		
	GAINESVILLE	<u> </u>	3	
	City, State a	ınd Zip		A SE
5. The name and Flori	da street address of the new regist	ered agent an	nd/or office:	CRE CARE
	CHERYL C	OOKE		TAI ASS
	Name	2		SEE T
	4127 NW 27TH L	ANE SUIT	E C	
	Florida street address (P.O	. Box not acc	ceptable)	7: 4: STATE CORID
	GAINESVILLE	Fl	L32606	
	City, State a	and Zip		
6. Such change(s) is/a	re effective when filed by the Flor Partner	ida Departme	ent of State.	
comply with the provis	pointment as registered agent and sions of all statutes relative to the part and accept the obligations of my part and Agent	proper and co	omplete performance	ther agree to of my duties,
Filing Fee	\$35,00			

Certified Copy (optional): \$52.50