

A 97000000962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

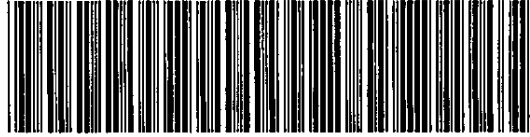
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEVAL APARTMENT LIMITED  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A93000000862

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:

CHERYL COOKE  
Contact Person  
BEVAL APARTMENT LIMITED  
Firm/Company  
P.O. BOX 358778  
Address  
GAINESVILLE, FL 32635  
City, State and Zip Code  
CCOOKE@GREMCO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERYL COOKE at ( 352 ) 264-7181  
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

**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. BEVAL APARTMENT LIMITED  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/23/1993 3. A93000000862  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CHERYL COOKE  
Name  
2040 NW 67TH PLACE  
Address  
GAINESVILLE, FL 32653  
City, State and Zip

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

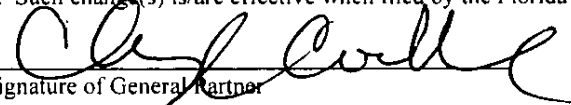
CHERYL COOKE  
Name  
4127 NW 27TH LANE SUITE C  
Florida street address (P.O. Box not acceptable)  
GAINESVILLE FL 32606  
City, State and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

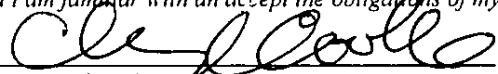
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6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*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.*

  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50