DOCÚMENT # A9500000547 1. Entity Name							FILED			
N.Y. STATE APARTMENT BUILDERS V, LTD.						00 MAR 20 PM 3: 34				
Principal Place of Business Mailing Address 1551 SANDSPUR ROAD P.O. BOX 4961 MAITI AND FL 32751 ORLANDO FL 32802-4961						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Amailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number	59-3308339			Applied For Not Applicable
Zip	Country Zip		Zíp	Country		5. Certificate o	Status Desired		8.75 ee Req	Additional uired
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
B&C CORPORATE SERVICES OF CENTRAL FLA, INC					Name Street Address (P.O. Box Number is Not Acceptable)					
390 NORTH ORANGE AVE., SUITE 1100					Street Address (P.O. Box Number	is Not Acceptable)			
ORLANDO FL 32801										
_					City	FL Zip Code			Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.										
SIGNATURE .	<u>-</u>							DATE		
9. Capital Co		or printed name of registered agent and \$12,725,050.00	(NOTE: Registered	d Agent signature required	d when reinstating)	11. MAKE CHECK F	PAYABLE 1	TO DEP	T. OF STATE	
as Shown	on record.	•	to date.		FEREN AND AC	SEE REVERSE			FORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.										
12. GENERAL PARTNER INFORMATION					 -		ADDRESS CHANG	GES ONL	<u> </u>	
DOCUMENT# NAME	CED CAPITAL HOLDINGS IX, LTD. 1551 SANDSPUR ROAD			STRE	ET ADDRESS	80)00031 03/22/0 0	799	}!!!!! 050=	3——₹ -nn1
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STREET ADDRESS CITY - ST - ZIP	288				-ST-ZIP		<u> </u>			
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STREET ADDRESS CITY-ST-ZIP .			/' 	СПҮ	- ST- ZIP					
14. I hereby certify that the information supplied with his 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 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 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 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 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 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 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 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 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 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 the limited partnership or the receiver or trustee empowered to execute the limited partnership or the receiver or trustee empowered to execute the limited partnership or the receiver or trustee empowered to execute the limited partnership or the receiver or trustee or the receiver or trustee or the receiver or trustee or the rece										
SIGNATURE: SIGNATURE REQUIRED 3-17-00 407 741-8500 A SIGNATURE AND TYPEPOR PRINTED AME OF SIGNING GENERAL PARTINER Date Date Date Date Date Date Date Date										