DOCUMENT # A96000000684

1. Entity Name

TOWER PLACE APARTMENTS LIMITED

FILED

02 SEP 27 AM 11:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
645 HEMBREE PKWY., SUITE A ROSWELL GA 30076	645 HEMBREE PKWY., SUITE A ROSWELL GA 30076

2. Principal Place of Business	3. Mailing Address
1060 POWERS PLACE Suite, Apt. #, etc.	1060 POWERS PLACE Suite, Apt. #, etc.
City & State: ALPHARETTA, GEORGIA	City & State: ALPHARETTA, GEORGIA
Zip: 30004 Country: USA	Zip: 30004 Country: USA

DUE BY SEPTEMBER 25, 2002

4. FEI Number 58-2229919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.
$100.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M96000000113	STREET ADDRESS	1060 POWERS PLACE
NAME	SOUTHERN DEVELOPMENT PARTNERS, L.L.C.	CITY-ST-ZIP	ALPHARETTA, GEORGIA 30004
STREET ADDRESS	645 HEMBREE PKWY., STE A		
CITY-ST-ZIP	ROSWELL GA 30076		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400000815296A--2
NAME		CITY-ST-ZIP	-10/02/02--01032--015
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this 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 report as required by Chapter 620, Florida Statutes.

SIGNATURE: Walter C. McGill, Jr. Southern Development Partners, LLC. Walter C. McGill, Jr. Managing Member 9-16-02 678.319.0026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #