200	1 UNIFO	RM BUS	INESS REP	ORT (	UBR)			
DOCUMENT # A9800000788								ı
OKEEHEELEE APARTMENT PARTNERS, LTD.						FIL	ED	$\sqrt{}$
Principal Place of Business Mailing Address						01 HAR 30 AM 11:51		
11300 FOURT St. Petersb	11300 FOURTH STREET ST. PETERSBURG FL 33		E 200	SECRETARY TALLAHASSI	NE STATE	V . In brin ben kada kada bri kada		
2. Principal I	Place of Business		3. Mailing Address	, Mailing Address				/   <b>    </b>
Suite, Apt	. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number	59-3500821	Applied For Not Applicable
Zip			Zip	Country		5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent				<del></del>	Name	7. Name and Address of New Registered Agent		
OKEEHEELEE APARTMENTS, INC. 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33716-2940					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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  10. Amount of Capital Contributions  11. MAKE CHECK PAYABLE TO DEPT, OF STATE								
as Shown on record. \$2,650,000.00 in FLORIDA to date.  A GENERAL PARTNER THAT IS A BUSINESS ENTIT  NOTE: General Partners MAY NOT be changed on the f					T BE REG	ISTERED AND A	CTIVE WITH THIS OFFI	FOR FEE INFORMATION CE.
12.	NOTE: Ge	GENERAL PARTNER		the form; al	n amenam	nent must be filed	ADDRESS CHANGES	
DOCUMENT #	P98000028336		STREET AL	DORESS	·			
STREET ADDRESS CITY-ST-ZIP	111300 FOURTH STREET NORTH, SUITE 200			CITY-ST-	ZIP			
DOCUMENT # NAME	UMENT #				DDRESS			
STREET ADDRESS CITY-ST-ZIP	***			CITY-ST-	ZIP			
DOCUMENT # NAME				STREET AL	DDRESS	1000039929111		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-	ZIP	-04/11/0101111022 ****\$26.25 ****\$26.25		
DOCUMENT # NAME				STREET AL	DDRESS			
STREET ADDRESS CITY-ST-ZIP					ZIP	**************************************		
DOCUMENT /				STREET AD	DORESS			
STREET A⊉DRESS CITY-ST-₹IP				City-st-2	ZIP			
DOCUMENT # NAME				STREET AD	DDRESS			
STREET ADDRESS CITY-ST-ZIP		•		CITY-ST-2	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

Okeeheelee Apartments, Inc.

**SIGNATURE:**