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3. Mailing Address				
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rent Basistored Agent		5. Certificate of Status Desired F	ee Required	
Tent Registered Agent	Name Name			
Reich, David M. One Oakwood Blvd., site 195		Street Address (P.O. Box Number is Not Acceptable)		
c/o Triad Housing Partners				
Hollywood, FL 33020		FL	Zip Code	
ent for the purpose of changing its	l s registered office or regis			
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	13.	ADDRESS CHANGES ONLY	<u> </u>	
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with this filing does not qualify for and that my signature shall have e this report as required by Chap	r the exemption stated in the same legal effect as i ter 620, Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify if made under oath; that I am a General Partner of the	that the information a limited partnership or	
	Mailing Address Same 3. Mailing Address Suite, Apt. #, etc. City & State Zip Trent Registered Agent Agent and little if applicable. (NOT agent and little if applicable in FLORIDA to come of the purpose of the	Mailing Address Suite, Apt. #, etc. City & State Zip Country Trent Registered Agent Name Street Addre Street Addre Street Addre Agent and lille if applicable. (NOTE: Registered Agent signature requirement in FLORIDA to date. ER THAT IS A BUSINESS ENTITY MUST BE REGISTAND INFORMATION TO STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	Mailing Address Same 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country 5. Certificate of Status Desired Name Name Name Name Street Address (PO. Box Number is Not Acceptable) Partner S 20 City C	