B05000000148

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DIVISION OF CORPORATIONS
08 JAN -7 AN 8: 44

J. BRYAN

JAN - 8 2008

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: North Ocean Condos, LP

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B05000000148

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:

Victor Alfano

(Contact Person)

National Corporate Services, LLC

(Firm/Company)

16055 Space Center Blvd., Ste. 235

(Address)

Houston, TX 77062

(City, State and Zip Code)

For further information concerning this matter, please call:

Victor Alfano

at (800

862-5438

(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

INHS04 (01/06)

SECRETARY OF STATE OF STATE OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 24, 2007

VICTOR ALFANO NATIONAL CORPORATE SERVICES, LLC 16055 SPACE CENTER BLVD., STE. 235 HOUSTON, TX 77062

SUBJECT: NORTH OCEAN CONDOS, L.P.

Ref. Number: B0500000148

We have received your document for NORTH OCEAN CONDOS, L.P. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A general partner must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 807A00071377

Joey Bryan Regulatory Specialist II SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
OR JAN -7 AM 8: 44



December 31, 2007

Florida Department of State Division of Corporations Attn: Joey Bryan P.O. Box 6327 Tallahassee, FL 32314

RE:

Town Center Condos, LP

Tampa Parkland Apartments, L.P.

/DMC Tampa Parkland, L.P.

Universal Avenue Apartments, LP

DMC Baywater Apartments Limited Partnership

✓DMC Apartment Fund III, Ltd.

4DC Conventional-NOC, L.P.

✓ North Ocean Condos, L.P.

MC-Management Co., Ltd.

✓Orlando Apartments, LLC

Dear Mr. Bryan:

In response to your letters attached dated December 24, 2007, we are attaching the corrected documents for resubmission. Please let me know if you need anything further in connection with these filings in order to proceed.

As requested, a copy of each of your letters is attached. Thank you.

Very truly yours,

Victor Alfano Vice President

Encl.

SECRETARY OF STATIONS
UNISION OF CORPORATIONS
08 JAN - 7 AM 8: 44

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.

••	ean Condos, LP	nited Liability Limited Partner		
	ine of Emined Larmership of En		·	
2. 3/24/2005 Date of filing/registration in Florida		<u> </u>	3. B0500000148 Florida document number	
_				
4. The name of the repeatment of State:	gistered agent and the registered	office address as shown on the	records of the Florida	
	CT Corporation	System		
	Na	me	•	
	1200 South Pine	Island Road		
	Add	ress		
	Plantation, FL 3	3324		
	City, State	and Zip	08	
5. The name and Flor	ida street address of the new reg	istered agent and/or office:	08 JAN -7 AM 8: 44	
	NRAI Services, Inc.		1	
	Nai	ne	· •	
	2731 Executive Park Drive, Suite 4		=== &	
	Florida street address (P	O. Box not acceptable)	£	
	Weston	FL 33331	· 	
	City, State	e and Zip		
6. Such change(s) is/a	are effective when filed by the Fl	orida Department of State.		
Deni	10 BODS			
Signature of General F	artner			
comply with the provis and I am familfar with	pointment as registered agent articles of all statutes relative to the an accept the obligations of my	e proper and complete perform		
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50