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SECRETARY OF STATE NEEDS VISION OF CORPORATIONS
08 JAN - 7 AN 8: 43

Office Use Only

J. BRYAN

JAN - 8 2008

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

SUBJECT: Universal Avenue Apartments, LP

(Name of Limited Partnership or Limited Liability Limited Partnership)

### DOCUMENT NUMBER: B0700000091

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

Executive Center Circle Tallahassee, FL 3231

INHS04 (01/06)

SECRETARY OF STATIONS
ON JAN -7 AN 8: 43



#### 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: UNIVERSAL AVENUE APARTMENTS, LP

Ref. Number: B0700000091

We have received your document for UNIVERSAL AVENUE APARTMENTS, LP 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: 207A00071380

Joey Bryan Regulatory Specialist II DIVISION OF CORPORATIONS
ON JAN - 7 AM 8: 43



December 31, 2007

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

RE:

✓ Jown 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.

ゆC 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.

ISION OF CORPORATIONS

## 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.

· · · · · · · · · · · · · · · · · · ·	Avenue Apartments,		<del></del>
Nan	ne of Limited Partnership or Limited L	iability Limited Partnership	
2.3/19/2007		<sub>3.</sub> B0700000091	
Date of filing/	registration in Florida	Florida document number	
4. The name of the reg Department of State:	gistered agent and the registered office	address as shown on the records of the Flor	ida
	<b>CT Corporation Sys</b>	tem	
•	Name		
	1200 South Pine Isla	and Road	
•	Address		_ 9
	Plantation, FL 3332	24	VISI VISI
•	City, State and Z	ip	至 经
5. The name and Flori	da street address of the new registered	agent and/or office:	VISION OF CORPO
	NRAI Services, Inc.		S RPS
•	Name		co RA
	2731 Executive Park Drive, S	Suite 4	ORATIONS
•	Florida street address (P.O. Box	x not acceptable)	•
	Weston	FL 33331	
	City, State and Z		
6. Such change(s) is/ar  Signature of General P.	re effective when filed by the Florida I	Department of State.	
comply with the provisi	ions of all statutes relative to the prope an accept <b>M</b> e Obligations of my positio	re to act in this capacity. I further agree to er and complete performance of my duties, on as registered agent.	

Signature of Registered Agent

Certified Copy (optional): \$52.50

\$35.00

Filing Fee: