

B970000000024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

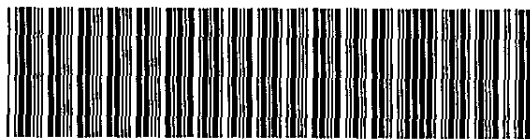
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000049898020

04/08/05--01015--018 **35.00

FILED

2005 APR -8 PM 1:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BROWN APR 12 2005

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Poinciana Lake Apartments, LP
Name of the limited partnership
2. 1/27/97 3. B97000000024
Date of filing/registration in Florida Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Sybil C. Field

Name

6763 SW88th Street

Address

Miami, FL 33156

City, State and Zip

5. The name and address of the new registered agent and/or office:

Sybil C. Field

Name

9150 SW 87th Avenue, Suite 201

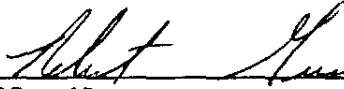
Florida street address (P.O. Box **not** acceptable)

Miami, FL 33176


FL

City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.


Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

FILED
2005 APR -8 PM 1:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA