



B97000000060

ACCOUNT NO. : 072100000032

REFERENCE : 387295 4348748

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pujat

FILED
01 DEC 12 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 9, 2001

ORDER TIME : 10:0 AM

ORDER NO. : 387295-010

900004720469--9

CUSTOMER NO: 4348748

CUSTOMER: Ms. Laura Hopkins
Trammell Crow Residential
Suite 3700
2001 Bryan Street
Dallas, TX 75201

RECEIVED
01 DEC 12 AM 11:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: TCR BUENA VISTA PLACE LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY

BK

CONTACT PERSON: Ellyn Herndon

**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. TCR BUENA VISTA PLACE LIMITED PARTNERSHIP
Name of the limited partnership

2. 02/03/1997
Date of filing/registration in Florida

3. B97000000060
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:

DOUGLAS A. HOEKSEMA
Name
201 N. NEW YORK AVE., SUITE 200
Address
WINTER PARK, FLORIDA 32789
City, State and Zip

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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

TCR N.F. Multi-Family, Inc.

By: Laura Hopkins, Asst. Secretary
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.

Gail Harshman, Asst. Vice President

Gail Harshman

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**