

L02000003542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

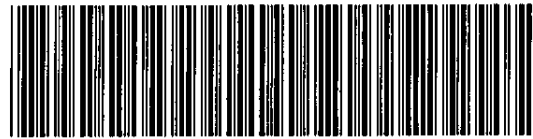
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EXAMINER



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DIVISION OF CORPORATIONS  
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 916515 7273065  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 SEP 21 PM 3:21

ORDER DATE : September 19, 2011  
ORDER TIME : 12:35 PM  
ORDER NO. : 916515-010  
CUSTOMER NO: 7273065

CHANGE OF AGENT

NAME: WOODLAND LAKES APARTMENTS,  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Woodland Lakes Apartments, LLC  
(Name of Limited Liability Company)

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Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judy Michael  
(Name of Person)

Madison Capital Management  
(Firm/Company)

5619 DTC Parkway, Suite 800  
(Address)

Greenwood Villa CO 80111  
(City/State and Zip Code)

For further information concerning this matter, please call:

Judy Michael at ( 303 ) 957-2000  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Woodland Lakes Apartments, LLC
2. (a) Principal office address of limited liability company: 380 Lexington Ave.  
Suite 710  
New York NY 10168
- (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 380 Lexington Ave.  
Suite 710  
New York NY 10168
- (Note: **MAY BE POST OFFICE BOX**)

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3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Corpdirect Agents, Inc.

Registered Office Address: 515 East Park Avenue  
Tallahassee FL 32301

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street  
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Gary Burghart  
(Signature of a member or authorized representative of a member)

Gary Burghart

(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Troy Todd  
(Signature of Registered Agent) as its agent

Corporation Service Company  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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