

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lauderdale Oaks Condominium II, Inc.

2. The mailing address of the corporation: OLD: c/o CDS Management NEW: c/o Castle Mgmt., Inc.
P.O. Box 17524, Plantation, FL 33318 P.O. Box 189013
Plantation, FL 33318

3. Date of incorporation/qualification: 08/20/1969 Document number: 717039

4. The name and address of the current registered agent and office:

CDS Management & Real Estate Group, Inc.
300 S. Pine Island Road, #212
Plantation, FL 33324

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Castle Management, Inc.
4450 W. Sunrise Boulevard, Suite 100
Plantation, FL 33313

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

December 6, 2001
(Date)

JACQUES TROTTIER TREASURER
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

December 6, 2001
(Date)

If signing on behalf of an entity:

Gail H. Sangunett Vice President - Administration
(Typed or Printed Name) (Capacity)

*** FILING FEE: \$35.00 ***

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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