

A04000000814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

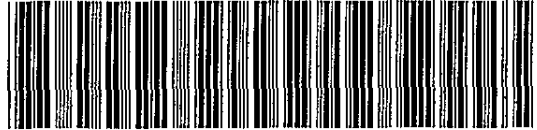
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June 8, 2004

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Statement of Change of Registered Office or Registered Agent

Dear Sir or Madam:

Enclosed for filing please find the Statement of Change of Registered Office or Registered Agent for the following entities:

Pepple Johnson Cantu & Schmidt, PLLC
Coachman Boaters LLC
SP Tim GP, Inc.
Jacksonville Elderly Tower I GP, Inc.
ZP Central Court GP, Inc.
SP Timuquana Limited Partnership
SP Greenwood GP, Inc.
DP Evergreen Manor I, Inc.
Jacksonville Elderly Tower I Limited Partnership
ZP Central Court Limited Partnership
SP Greenwood Limited Partnership
DP Evergreen Manor Limited Partnership, and
GP Tampa, Inc.

**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. SP TIMUQUANA LIMITED PARTNERSHIP

Name of the limited partnership

2. May 18, 2004

Date of filing/registration in Florida

3. A04000000814

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:

David O. Cantu

Name

25400 U. S. 19 North, Suite 152

Address

Clearwater, FL 33763

City, State and Zip

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

David O. Cantu

Name

25400 U. S. 19 North, Suite 116


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

Clearwater

FL 33763

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**

04 JUN 14 PM 3:51
FILED
TALLAHASSEE, FL
STATE DEPARTMENT OF REVENUE