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Lucio, Mandler, Croland, Bronstein, GARBETT, STIPHANY & MARTINEZ

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December 22, 1998.

Via UPS

Secretary of State Amendments/Limited Partnership Section 409 East Gaines Street Tallahassee, FL 32399

> -Re: Change of Registered Agent

200002721672 -12/24/98---01025---007 \*\*\*\*\*35.00

To Whom It May Concern:

Enclosed are the manually-signed and two copies of the Partnership Statements of Change of Registered Agent and Registered Office for the following limited partnerships: Sunset Apartment Associates, Ltd., Park Plaza Associates, Ltd., Interbanc Real Estate Fund, Ltd., Harbor Inn of Coral Springs Associates, Ltd., Courts at Kendall Associates, Ltd., and Creative Developers, Ltd.

We have enclosed a check for \$35.00 for filing fees for each of the Statements of Change of Registered Agent and Registered Office. Please return copies of the filed Statements of Change of Registered Agent and Registered Office in the enclosed stamped self-addressed envelopes provided for your mailing convenience.

Thank you.

Sincerely,

Rina Lyubkin

Name Availability	
Document Examiner	RL0022.DC DCC
Updater	DCC
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W. P. Verifyer	וויינ

## 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.	Courts at Kendall Associates, LTD			
Name of the limited partnership				
2.	06/09/1995  Date of filing/registration in Florida  3. A9500000862  Document number assigned		7 E -	
4.	The name of the registered agent and the registered office address as shown on the records of Department of State:	of the Florid	da	
	Liebowitz, Sheldon Name  2600 E. Commercial Blvd. Suite 200  Address	5.	. <del></del>	
	Fort Lauderdale, FL 33308  City, State and Zip	98 SE	<del>-</del> 	
5.	The name and address of the new registered agent and/or office:  WLMC Registered Agents, Inc.	DEC 24	一	
	Name  701 Brickell Ave., Suite 2000  Florida street address (P.O. Box not acceptable)  Miami, FL 33131  City, State and Zip	AH ID: 48		
	Such change(s) was/were authorized by the general partners.			
I h	consture of General Partner  thereby accept the appointment as registered agent and agree to act in this capacity. I full mply with the provisions of all statutes relative to the proper and complete performance of a familiar with and accept the obligations of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm the artnership has been notified in writing of this change.  The provisions of the proper and complete performance performance of the proper and complete performance performance performance performance performa	my duties, a is document	and t is	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00