

A96000000256

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TALLAHASSEE, FLORIDA

06 MAR 14 11:25:51

DIVISION OF REGISTRATION



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 916823 7341234

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : March 13, 2006

ORDER TIME : 2:18 PM

ORDER NO. : 916823-010

CUSTOMER NO: 7341234

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TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: SAXON MANOR ISLES APARTMENTS
LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER: _____

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Saxon Manor Isles Apartments Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. February 6, 1996 3. A96000000256
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

J. J. Bachmann
Name
793 Eagle Creek Drive, Suite 203
Address
Naples, FL 34113
City, State and Zip

5. The name and Florida street 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 32301-2525
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

MBS-Saxon SP, L.L.C.; By: Saxon Special Company

By: Linda E. Heiney
Signature of General Partner Linda E. Heiney, Vice President

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.

Lussu Emmons, Asst. Sec.
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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