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12/24/38--01025--009 *****35.00 *****35.00

December 22, 1998

Via UPS

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

Change of Registered Agent

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.

Name Availability Document Examinero/004\letters\RL0022.BO DCC Updater Updater DCC DCC go i diverment

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W. P. Verifyer

Sincerely,

Rina Lyubkin

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. Sunset	Apartment Associates, LTD
	Name of the limited partnership
2 05/20/1997	#070000Tits
	3. A9700001145 gistration in Florida Document number assigned
Date of Himsyle	gistration in Florida Document number assigned
4 The name of the re	existered ergent and the registered office address as the second of the second
Department of Sta	egistered agent and the registered office address as shown on the records of the Florid
Department of Sta	Liebowitz, Sheldon
	Name
	2600 E. Commercial Blvd. Suite 200
	Address
	Fort Lauderdale, FL 33308
	City, State and Zip
	The state of the s
5. The name and add	ress of the new registered agent and/or office: WLMC Registered Agents, Inc.
_	Name
	701 Brickell Ave., Suite 2000
_	Florida street address (P.O. Box not acceptable)
	Miami, FL 33131 City, State and Zip
6. Such change(s) wat	s/were authorized by the general partners.
Signature of General Partn	
I hereby accept the a	ppointment as registered agent and agree to act in this capacity. I further agree
comply with the provis	SIONS Of all Statutes relative to the proper and complete performance of my duties, a
being filed merely to	ed accept the obligations of my position as registered agent. Or, if this document reflect a change in the registered office address, I hereby confirm that the limit
partnership has been i	notified in writing of this change.
/ Khol	
Copile of t	Lo Carol for Registered Agent
Signature of Registered Ag	
-	

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