

B010000000210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

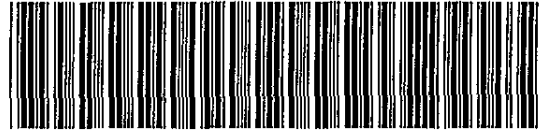
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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REGISTERED AGENT CHANGE Form + fee
ALSO ENCLOSED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SJS - WEST PALM BEACH, L.P.
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B01000000210

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony T. Lepore, Esq.
(Name of Person)

Anthony T. Lepore, Esq., P.A.
(Firm/Company)

P.O. Box 823662
(Address)

South Florida, FL 33082-3662
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony T. Lepore at (954) 433-2126
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee & Certificate of Status
- \$105.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF**

SJS - WEST PALM BEACH, L.P.

(Insert name currently on file with Florida Dept. of State)

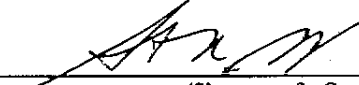
Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Amendment to its registration application:

The registration application is amended as follows:

8. The address of the principal office/registered office is 2455 E. Sunrise Blvd, Suite AR-1 Fort Lauderdale, FL 33304.
9. The name of the General Partner is Metrocentre GP, Inc. 2455 E. Sunrise Blvd, Suite AR-1, Fort Lauderdale, FL 33304.
10. The office where the names addresses and contributions of limited partners are kept is 2455 E. Sunrise Blvd, Suite AR-1.
12. The Mailing Address of the limited partnership is 2455 E. Sunrise Blvd, Suite AR-1

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(Signature of a General Partner)

Metrocentre GP, Inc. by: Steven A. Santolla, President

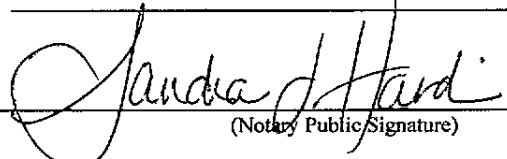
(Typed or printed name of General Partner signing above)

STATE OF Florida

COUNTY OF Broward

On this 9 day of SEPTEMBER, 2005, Steven A. Santolla personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____



(Notary Public Signature)

SANDRA L HARDIN

(Notary's Printed Name)

Seal

My Commission Expires: March 30 2009

