

FILING TRANSMITTAL FORM

TO:

Division of Corporations Florida Department of State 409 E. Gaines Street P. O. Box 6327 Tallahassee, FL 32314

200004656562 -10/29/01-01034-027 *****35.00 *****35.00

FR: Gary Sherman DATE: October 17, 2001

RE: Providence Place Apartments Limited Partnership

LT By the Sea, Ltd.

Andover Place North Limited Partnership

Addison Park Limited Partnership

Sentinel Realty Partners II Limited Partnership

Holiday Pasco Limited Partnership

SB Partners, Ltd.

Sentinel Realty Partners III Limited Partnership

REFERENCE: 00300S

PLEASE FILE THE ATTACHED

Change of Registered Agent

A check in the amount of \$35 is enclosed for each filing.

PLEASE OBTAIN THE FOLLOWING EVIDENCE:

One Filed stamped copy

Please call Gary Sherman at 800-300-5067 if there are any problems with this filing.

Please Return Evidence By Regular Mail to:
Gary Sherman
CONTINENTAL CORPORATE SERVICES, INC.
189 FRANKLIN AVENUE, SUITE 1
NUTLEY, NJ 07110
PHONE: 800-300-5067
FAX: 973-542-0313
Thank you.

DIVISION OF CORPORATION OF CORPORATI

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 Statu	tes, the undersigned limited
partnership organized under the laws of the state of New York	, submits the
following statement in order to change its registered office or registered ag	·
Florida.	exist of oodi, in the state of
, SB Partners, Ltd.	
Name of the limited partnership	Edit 1
2 11/19/76 3 A05332	
Date of filing/registration in Florida Document	number assigned
4. The name and address of the present registered agent and office:	
C T Corporation System	
1200 S. Pine Island Road	
Plantation, FL 33324	<u> </u>
5. The name and street address of the successor registered agent and office: (P.	O Roy not accontable)
NRAI Services, Inc.	O. Box <u>itot</u> acceptable)
526 E. Park Avenue	
Tallahassee, FL 32301	SION OF CO
Such change was authorized by the general partners. SB Partners Real Estate Corporation	AM 6
Ellim Barm Onto	hat a see RAMIN
By: Ellyn Baron, Assistant Secretary	Date 5
Having been named as registered agent and to accept service of process for partnership at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the provisions proper and complete performance of my duties, and I am familiar with and I	intment as registered agent
position as registered agent. For National Registered Agents, Inc.	3 - 3 - 3
	1.661
Registered Agent signature	10/3/01 Date
GANY Sherman, Asst. Secretary	viiie

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00