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## **FILING REQUEST**

December 9, 2002

## FLORIDA SECRETARY OF STATE

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Type of Filing:

CHANGE OF AGENT

Subject(s):

IMPERIAL PALMS APARTMENTS CO. LTD.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

NONE

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CHECK #34864 FOR \$35.00

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Please call me at 1-800-227-1256 if there are any questions.

Thank you! Sue Brodtmann

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the undersign	ea corporation orgai	***************************************		·				_
submits the fo	llowing statement in	order to change	e its registe	ered office	or registered	d agent, or	both, ii	1
the State of Fi	lorida.		_			至	33	T
1. The name of	of the corporation: Ir	mperial Palms Apa	artments Co	o. Ltd.		- P. J.	ন	Same Same
						SE		A STATE OF THE PERSON NAMED IN
2. The mailing	g address of the corpo	oration : <u>1107 Ha</u>	zeltine Blvd	l., Suite 200	, Chaska, Mi	V 55318 (A	<u> </u>	
						222	3	
3. Date of inc	corporation/qualificat	tion: <u>12-07-1976</u>		_ Documer	nt number: <u>5</u>	19794	<u> </u>	<del></del>
4. The name a	and address of the cur	rrent registered a	gent and o	ffice:				
	CT Corporation Syst	tem	<u> </u>					
	1200 South Pine Isla	and Road				- ·		
	Plantation, FL 33324	4			,	-		
5. The name a	nd address of the nev		et (i É alama	1) 1/	registered of	ffice (if cha	nged):	
	ina address of mic no	w registered ager P. O. Box N	n (if chang ot Accepta	ged) and/or i able)	.081010104 07			
	NRAI Services, Inc.	(P. O. Box N	ot Accepta	ged) and/or i able)	ogiolozou oz			
	NRAI Services, Inc.	(P. O. Box N	ot Accepta	ged) and/or able)				
		(P. O. Box N	ot Accepta	ed) and/or able)				
	NRAI Services, Inc.  526 E. Park Avenue Tallahassee, FL 323	(P. O. Box N	ot Accepta	able)		· · · · · · · · · · · · · · · · · · ·		,
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\* \* \* FILING FEE: \$35.00 \* \* \*