



# A00000000313

FILED  
01 AUG 28 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 0721000000032

REFERENCE : 445729 7175421

AUTHORIZATION :

COST LIMIT : \$ 35.00

*Patricia Pizut*

ORDER DATE : August 27, 2001

ORDER TIME : 3:24 PM

600004559426--8

ORDER NO. : 445729-185

CUSTOMER NO: 7175421

CUSTOMER: Ms. Nicolle Donald  
The Brisben Companies  
7800 East Kemper Road

BK

Cincinnati, OH 45249

RECEIVED  
01 AUG 28 AM 8:42  
DIVISION OF CORPORATION

CHANGE OF AGENT

NAME: THE SANCTUARY AT WINTERLAKES II  
LIMITED PARTNERSHIP

BK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

EXAMINER: \_\_\_\_\_

**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. THE SANCTUARY AT WINTERLAKES II LIMITED PARTNERSHIP  
Name of the limited partnership

2. 2/22/2000  
Date of filing/registration in Florida

3. A00000000313  
Document number assigned

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

C T Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

5. The name and 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  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Robert E. Schuler, Vice President of



Signature of General Partner

Briben Florida II, Inc., General Partner

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

Corporation Service Company



Signature of Registered Agent

Deborah D. Skipper  
Asst. Secretary

Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00