## A00000001378

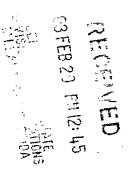
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## **CT** CORPORATION

February 20, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re: Order #: 5790052 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Windsor at Lake Coral Springs Limited Partnership (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie\_Strickland@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provision	ns of sections 620.105 and 620.1051, Fl	orida Statutes, the	undersigned limited
partnership organized und	er the laws of the state of Florida	<u></u>	, submits the
following statement in or	der to change its registered office or re	gistered agent, or l	both, in the state of
Florida.			
1. Windsor at Lake Coral Sp	orings Limited Partnership		~ 2
	Name of the limited partnership		72 33
2. 9/7/00	_3. A0000001378		田田田
Date of filing/registra	tion in Florida	Document number as	
4. The name and address	of the present registered agent and office:		PH 1: 42 PH 1: 42 SEEL FLORING
Согро	ration Service Company	- ·	<b>夏至</b> 芸
1201 1	Hays Street		OF CO
Tallah	assee, FL 32301		
5. The name and street ad	dress of the successor registered agent and	office: (P.O. Box r	not acceptable)
стс	orporation System		<u>.</u>
c/o C	T Corporation System, 1200 South Pine Island	Road .	·
Planta	tion, Florida 33324		-
Such change was authorize		1/15/03	
Olga Hinkel, VP of Windsor	gnature of General Partner Realty Fund-IIIB Investors Corp.	Partner	Date
Having been named as r	egistered agent and to accept service o esignated in this certificate, I hereby acce pacity. I further agree to comply with the ormance of my duties, and I am familiar	ent the appointment	as registered agent
5M2	gistered Agent signature	1/15/03	Date
TRACI HOUCK  SPECIAL ASSISTANT SECRETAR			Date

Filing Fee: \$35.00

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

INHSE004(3/95)