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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(City/State/Zip/Phone #)

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(Business Entity Name)

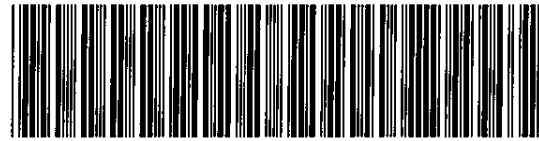
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 19, 2006

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

Re: Renaissance at Washington Ridge, Ltd., LLLP/Change of Registered Office and Agent
Our File No.: 37046.07020

Gentlemen:

Enclosed for filing is Statement of Change of Registered Office and Agent for the above-referenced entity. Also enclosed is a check in the sum of \$35.00 to cover cost of filing.

Sincerely,


Charlotte Barone,
Paralegal

cb

Enclosures

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Renaissance at Washington Ridge, Ltd., LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. April 19, 2001

Date of filing/registration in Florida

3. A01000000249

Florida document number

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Address

Weston, FL 33331

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Bernice S. Saxon, Esq.

Name

201 E. Kennedy Boulevard, Suite 600

Florida street address (P.O. Box not acceptable)

Tampa FL 33602

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
Renaissance GP, Inc.

By:

Signature of General Partner Herbert Hernandez, President

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.

Signature of Registered Agent Bernice S. Saxon, Esq.

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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