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PEPPLE JOHNSON CANTU & SCHMIDT PLLC

Lawyers

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June 8, 2004

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Statement of Change of Registered Office or Registered Agent

Dear Sir or Madam:

Enclosed for filing please find the Statement of Change of Registered Office or Registered Agent for the following entities:

Pepple Johnson Cantu & Schmidt, PLLC
Coachman Boaters LLC
SP Tim GP, Inc.
Jacksonville Elderly Tower I GP, Inc.
ZP Central Court GP, Inc.
SP Timuquana Limited Partnership
SP Greenwood GP, Inc.
DP Evergreen Manor I, Inc.
Jacksonville Elderly Tower I Limited Partnership
ZP Central Court Limited Partnership
SP Greenwood Limited Partnership
SP Greenwood Limited Partnership
DP Evergreen Manor Limited Partnership, and
GP Tampa, Inc.

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.

SP Greenwood Limited Partnership							
Name of the limited partnership							
2.	April 24, 2001 Date of filing/registra	3.	A0100000556				
	Date of Hillig/registra	mon in Fiorida	Document number assigned				
4.	Danartmant of States	e name of the registered agent and the registered office address as shown on the records o epartment of State: David O. Cantu					
	_	Name					
25400 U.S. 19 North, Suite 152			Suite 152				
Address							
Clearwater, FL 33763							
City, State and Zip							
5. The name and address of the new registered agent and/or office:							
David O. Cantu							
Name							
25400 U.S. Highway 19 North, Suite 116				t grant mits	-74		
	Florida street address (P.O. Box not acceptable)				32		
	Cle	arwater	_{FL} 33763	ۯ:	34 JUE 114 PM 34		
City, State and Zip 6. Such change(s) was/were authorized by the general partners.							
I w for m bo	Signature of 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. Signature of Registered Agent						

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