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PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260

Duluth, Georgia 30096

770-497-9977 / 800-277-9977

Fax 770-813-0477 / fax 800-815-0477

TRANSMITTAL LETTER

April 26, 2005

RE: Skyline On Brickell, Ltd.

TO: Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

FR: Maggie Ferdinand - maggie@paranetlegal.com

Paranet Job No. 05-04-0433/mf

PLEASE FILE/SUBMIT THE FOLLOWING CHANGE OF AGENT APPLICATION ON BEHALF OF THE ABOVE COMPANY IN YOUR STATE.

UPON COMPLETION:

FAX EVIDENCE TO ME AT (800) 815-0477

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IF YOU HAVE ANY QUESTIONS, PLEASE CALL US USING OUR TOLL FREE NUMBER (800) 277-9977.

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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.

 Skyline On Brickell, 	Ltd.					
	Nam	ne of the limited partne	rslup	<u> </u>		
2. 11/6/2002 Date of filing/registra	tion in Florida	3A020000	01480 - Document number a	ssigned		
4. The name of the registe Department of State:	ered agent and the i	registered office ad	ldress as shown or	the records o	f the Florid	la
<u>-</u>	4221 W Boy Sco	Name out Blvd., 10th F	loor	* ** ** _*		
<u>ַ</u>	rampa, FL 3360	Address		Company of the second	المحسد المحادث المحدد	051
	, , , , , , , , , , , , , , , , , , , ,	City, State and Zip		÷ o o g o	**************************************)5 HAY-2
5. The name and address	of the new register	ed agent and/or of	fice:			$\dot{\sim}$
Bri	an P. Tague, Es	oq @ Tew Carde	enas LLP			7
. ' 144	41 Brickell Aven	Name ue, 15th Floor ddress (P.O. Box no	ni acceptable)			2: 58
Mia	mí	_{FL} 331	31		-	
6. Such change(s) was/we	ere authorized by th	City, State and Zip			ē*	
Signature of General Partner	, as Manager of S	<u>Scyline on Brickell</u> Man My, the General Pertner	rager, L.C., an Illin of Skyline on Brickel,	પ્રેતે.	reas to com	ınhı
I hereby accept the appoint with the provisions of all familiar with and accept to merely to reflect a change been notified in writing of Brian P. Tague, Asq by: Signature of Registered Agent	this change.		o act in this capaci. complete performa ered agent. Or, if ereby confirm that	y. I further ag nce of my du this document the limited po	ree to com ies, and I is being fi irtnership	piy am led has

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