

A03000000237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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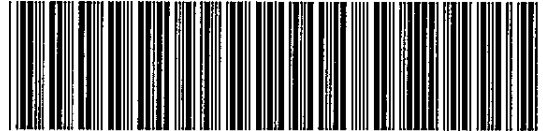
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DATE: 08-11-04

NAME: SP HOUSING PARTNERS II, LTD

TYPE OF FILING: change of RA

COST: \$35 CK ATTACHED

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ~~ABBIE/PAUL HODGE~~

**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. SP Housing Partners II, Ltd.

Name of the limited partnership

2. February 13, 2003

Date of filing/registration in Florida

3. A03000000237

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:

Registered Agents of Florida, LLC

Name

100 S.E. Second Street, Suite 2900

Address

Miami, FL 33131

City, State and Zip

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

B&C Corporate Services of Central Florida, Inc.

Name

390 N. Orange Avenue, Suite 1100

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

Orlando

FL 32801

City, State and Zip

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

SP Housing Associates II, LLC by

[Signature], its Manager

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], VP of B&C Corporate Services
of Central Florida, Inc.
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**

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