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Division of Corporations

TRIAD

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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REGISTERED AGENT CHANGE

SC LAKE PARK ASSOCIATES, LLLP

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T. HAMPTON

JUN 17 2008

EXAMINER

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

Pursuant to the provisions of section 520.1115, Florida Statutes, the undersigned limited 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. SC Lake Park Associates, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/18/2004

Date of filing/registration in Florida

3. A04000000819

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:

KOSOY, BRIAN P

Name

ONE NORTH CLEMATIS ST., STE. 305

Address

WEST PALM BEACH FL 33401 US

City, State and Zip

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
By its General Partner, SC Lake Park GP, Inc.

/s/Robert S. Green

Signature of General Partner **Robert S. Green, VP**

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.

NRAI Services, Inc.

by: 
Signature of Registered Agent

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

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