



# A15835

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -3 PM 1:51

ACCOUNT NO. : 072100000032

REFERENCE : 681085 5124005

AUTHORIZATION :

*Patricia Pizub*

COST LIMIT : \$ 35.00

ORDER DATE : May 1, 2000

ORDER TIME : 2:43 PM

ORDER NO. : 681085

900003238609--7

CUSTOMER NO: 5124005

CUSTOMER: Leslie Green, Corp Paralegal  
Aimco  
2000 South Colorado Blvd.  
Tower Two, Suite 2-1000  
Denver, CO 80222

CHANGE OF AGENT

NAME: PALM LAKE ASSOCIATES, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Janine Lazzarini

RECEIVED  
00 MAY -3 PM 3:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*m/p  
5/3*

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

RECEIVED  
DIVISION OF CORPORATIONS  
JAN 11 1984  
PM 4:57

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. Palm Lake Associates, Ltd.  
Name of the limited partnership

2. December 1, 1983 3. A15835  
Date of filing/registration in Florida 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:

CT Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

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

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee, FL 32301  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.  
Palm Lake Associates, Ltd., by its Managing General Partner, SF General, Inc.

By: Leslie E. Green  
Signature of General Partner Leslie E. Green, Assistant Secretary

*I hereby accept the appointment as registered agent and agree to act in this capacity. If 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.*

By: Maureen Cullen  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00