

Regular Mail

A26423



November 6, 2001

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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-11/13/01--01032--020
*****35.00 *****35.00

Re: Change in Registered Agent
In Re: RPS Management Company, Inc.
Myal Partnership Management Services, Inc.
ASB Enterprises, Inc.
Jones Walker Palm Gardens Associates, Ltd.
Parkside Gardens Associates, Ltd.
Hawthorne Villas Ltd.
Inglis Villas, Ltd.
Pinewood Villas, Ltd.
Real Property Services Corp.
Kendall Lake Towers, LLC
Broward Gardens Associates, Ltd.
ASB Kendall Services Corp.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Enclosed please find the appropriate forms, in duplicate, necessary to change the registered agent of the above captioned entities. In additions, checks have been enclosed to cover cost associated with these filings. Kindly return a filed stamped copy of the enclosed documents to my attention at the letterhead address.

Should you have any questions and/or concerns, please do not hesitate to contact me at (702) 315-5195.

Sincerely,
Real Property Services Corp,


Christopher Jordan
Paralegal

Enclosures

Real Property Services Corp.
818 W. Brooks Avenue
North Las Vegas, Nevada 89030
702 313-3700 * Fax 702 313-3710

**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. Inglis Villas, Ltd.
Name of the limited partnership

2. May 17, 1988
Date of filing/registration in Florida

3. A26423
Document number assigned

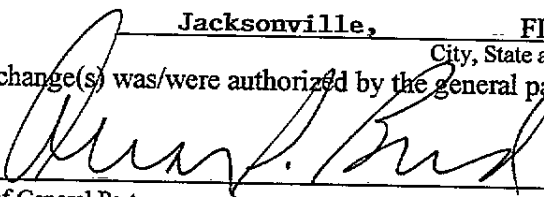
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Neil Schaeffer
Name
243 North Shore Drive
Address
Osprey, Florida 34229
City, State and Zip

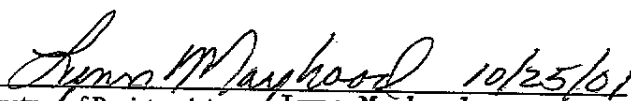
5. The name and address of the new registered agent and/or office:

Lynn Mayhood
Name
9951 Atlantic Blvd., Suite 440
Florida street address (P.O. Box not acceptable)
Jacksonville, FL 32225
City, State and Zip

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


Signature of General Partner Allan S. Bird

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 Lynn Mayhood 10/25/01

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

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