

A93000000863

CAROLYN A. SMITH P.A.
550 BILTMORE WAY
STE. 1210
CORAL GABLES, FLORIDA 33134

(305) 443-4376 FAX (305) 443-5684

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

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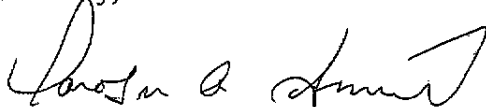
Re: Cabana Club Management, Inc
Cabana Club Apartments Associates, LTD.

Dear Sir or Madam:

Enclosed please find the forms to reinstate Cabana Club Management Inc and to change the address for the registered agent of that corporation and for Cabana Club Apartments Associates, Ltd. A check for \$970.00 is included to cover your fees. Please confirm that all is in good standing by fax to (305) 443-5684.

Thanking you in advance for your cooperation.

Sincerely,



Carolyn A. Smith, Esq.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 29 PM 1:30

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FF \$ 35

**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 organized under the laws of the state of FLORIDA, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PARANA CLUB APARTMENTS ASSOCIATES LTD
Name of the limited partnership

2. 8-23-93 3. A-93000000863
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

BAROLYN A SMITH
550 BALTIMORE WAY STE 1210
ORAL BADES FL 32134

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

BAROLYN A SMITH
5233 FISHER ISLAND DR
FISHER ISLAND FL 32109

Such change was authorized by the general partners.

Alvin H. Sakolsky 7-15-99
Signature of General Partner Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.

Barolyn A Smith 7-15-99
Registered Agent signature Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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