



THE UNITED STATES
CORPORATION
COMPANY

A93000001171

ACCOUNT NO. : 072100000032

REFERENCE : 679363 5022062

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pizzuti

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -2 PM 12:32

ORDER DATE : April 28, 2000

ORDER TIME : 9:36 AM

ORDER NO. : 679363

CUSTOMER NO: 5022062

000003235050--6

CUSTOMER: Angela Martinez, Paralegal
Simpson Housing Limited
3201 South Tamarac Drive
Suite 200
Denver, CO 80231

CHANGE OF AGENT

NAME: ZOM METROWEST II, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

mp
5/2

RECEIVED
00 MAY -2 AM 10:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -2 PM 12:32

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. ZOM METROWEST II, LTD.
Name of the limited partnership

2. November 12, 1993 3. A93000001171
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:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, Florida 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.

T. H. S. Add
Signature of General Partner AGM of Gen. Ptnr

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: Deborah D. Skipper
Signature of Registered Agent

Deborah D. Skipper
Asst. Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00