DOCUMENT # A9400000340 Finity Name					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
SGS COMMUNITIES AT BOCA RATON, LTD.					DIVISION OF CORPORATIONS	
Principal Place of Business Mailing Address				- 00 JUN 19 PM 4: 29		
Suite 150 Boca Raton, FL 33431  Maing Actess  5000 Blue Lake Suite 150 Boca Raton, FL 33431  Social Raton, FL 33431					rf	
Principal Place of Business     3. Mailing Address					_	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		4. FEI Number Applied For 65-0474226 Not Applicable	
Zip	Country	Zip	Countr	у .	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Currer	it Registered Agent		·	7. Name and Address of New Registered Agent	
Ned L.	Siegel			_Name_==;		
5000 B1	ue Lake Drive			Street Address (P.O. Box Number is Not Acceptable)		
Suite 150			1			
Boca Raton, FL 33431			F	City FL Zip Code		
The above	named entity submits this statement	for the ournose of changing its	registered		stered agent, or both, in the State of Florida.	
O. HIO GOVE	Traction officery administration and account	the purpose of changing	Togiacies	Tomos or reg	steleti agent, or botti, in the otato or Florida.	
SIGNATURE .	Signature, typed or printed name of registered age	and title if applicable (NOTE	: Registered	Agent signature req	uired when reinstating) DATE	
	intributions \$250,000				11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as-Shown ∈	A GENERAL PARTNER	THAT IS A BUSINESS EN	TITY MU	IST BE REG	SEE REVERSE SIDE FOR FEE INFORMATION ISTERED AND ACTIVE WITH THIS OFFICE.	
 12.	NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION			an amendm	nent must be filed to change a general partner.  ADDRESS CHANGES ONLY	
DOCUMENT #	SGS Boca Raton Deve		13.	***************************************	1000033019612	
NAME	5000 Blue Lake Dri		21HFE	T ADDRESS	<u>-06/22/0001103009</u>	
STREET ADDRESS CITY-ST-ZIP	Boca Raton, FL 33	431 P94000020488	CITY-S	ST-ZIP	*****88.75 *****88.75	
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STREET ADDRESS CITY-ST-ZIP			CITY-S	iT-ZIP		
indicated	certify that the information supplied wi on this report is true and accurate an er or trustee empowered to execute t	d that my signature shall have t	the same I	legal effect as	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under eath; that I am a General Partner of the limited partnership o	

Neumer Species entre ces de Parez Raton Development Corp.

SIGNATURE:

(561/998-9200)