

A 97 0000002271



ACCOUNT NO. : 072100000032

REFERENCE : 410168 5124579

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : August 9, 2001

ORDER TIME : 10:40 AM

ORDER NO. : 410168-085

CUSTOMER NO: 5124579

CUSTOMER: Ms. Trish Wilson
Kolter Property Company
2200 Yonge Street, Suite 1600

Toronto, ON M4S 2C6

100004548961-3

CHANGE OF AGENT

NAME: WATERCLUB II LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER: _____

RECEIVED
01 AUG 22 AM 11:26
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
01 AUG 22 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mta 8/22

**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. WATER CLUB II LIMITED PARTNERSHIP
Name of the limited partnership
2. 10/21/1997
Date of filing/registration in Florida
3. A97000002271
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:

FUREN, MICHAEL J ESQ.
Name
C/O ICARD, MERRILL, ET AL 2033 MAIN ST, STE 600
Address
SARASOTA, FL 34237
City, State and Zip

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

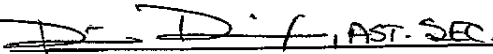
Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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


Signature of General Partner

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.

Corporation Service Company

 AST. SEC.
Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00

INHS04(9/98)