

A98000000509

(Requestor's Name)

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(City/State/Zip/Phone #)

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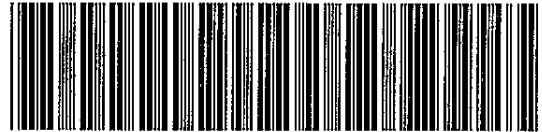
(Business Entity Name)

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October 19, 2005

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


Re: La Place du Soleil Limited Partnership - File No. D1708-00004

Dear Madam or Sir:

Enclosed please find the original and one copy of a Statement of Change of Registered Office or Registered Agent or Both for the above entity. Our check in the sum of \$35 is also enclosed to cover the filing fee. Please file the Statement of record and return a date-stamped copy to me in the self-addressed, stamped envelope provided for your convenience. If you have any questions, please feel free to contact me.

Thank you.

Very truly yours,


Ann Marie Bruski
Paralegal

amb
enclosures
cc: Matthew C. Jones, Esquire (w/attachment)

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TALLAHASSEE, FLORIDA

**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. La Place du Soleil Limited Partnership

Name of the limited partnership

2. 2/24/1998

Date of filing/registration in Florida

3. A98000000509

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:

Corporation Service Company

Name

1201 Hays Street

Address

Tallahassee, Florida 32301-2525

City, State and Zip

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

Henry Winkler

Name

100 N.E. 20th Terrace

Florida street address (P.O. Box **not** acceptable)

Deerfield Beach

FL 33441

City, State and Zip

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

La Place du Soleil, Inc.

By: William A. Brynjolf, VP

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.

Henry Winkler

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**

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