

A 98000001267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
REFERENCE : 191191 4374025  
AUTHORIZATION : *Patricia Pijut*  
COST LIMIT : \$ 35.00

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SERIES 11  
TALLAHASSEE, FLORIDA

ORDER DATE : August 1, 2003  
ORDER TIME : 9:27 AM  
ORDER NO. : 191191-010  
CUSTOMER NO: 4374025

CUSTOMER: Ms. Shannin Van Wayenberge  
Investcorp International, Inc.  
36th Floor  
280 Park Avenue  
New York, NY 10017

CHANGE OF AGENT

NAME: CSC LE PARC APARTMENTS, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: \_\_\_\_\_

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

FILED  
AUG 14 1998  
TALLAHASSEE, FLORIDA

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. CSC LE PARC APARTMENTS, LTD.  
Name of the limited partnership

2. February 28, 1998 Date of filing/registration in Florida  
3. A98000001267 Document number assigned

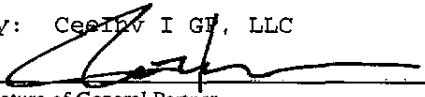
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

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

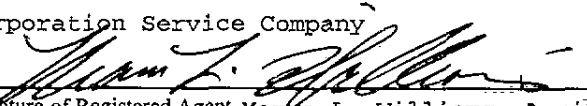
Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box **not** acceptable)  
Tallahassee FL 32301  
City, State and Zip

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

By: Cecil I GF, LLC  


Signature of General Partner  
John R. Fraser, Vice President

*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  
  
Signature of Registered Agent Marva L. Williams, Assistant Vice President

**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**