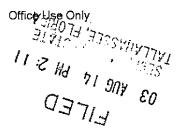
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AGREEMENT FLORIGA

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ACCOUNT NO. :

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REFERENCE

191191

4374025

AUTHORIZATION (

COST LIMIT

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 PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER:

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.

	Pro-
1.CSC LE PARC APARTMENTS, LTD, Name of the limited p	artnership
2. February 28, 1998 3. A980 Date of filing/registration in Florida	00001267
4. The name of the registered agent and the registered office	ee address as shown on the records of the Florida
Department of State:C T Corporation System	
Name	
_1200 South Pine Island Ro	nad.
Address	
71	
Plantation, FL 33324 City, State and	7in
City, State and	Z.ip
5. The name and address of the new registered agent and/or	n officer
3. The hame and address of the new registered agent and/or	r office:
Corporation Service Company	
Name	
1201 Hays Street	
Florida street address (P.O. Box	x not acceptable)
m-21 1	20224
<u>Tallahassee</u> <u>FL</u> City, State and I	32301 a
6. Such change(s) was/were authorized by the general partr	ners.
By: Cepipy I GT, LLC	
	and the second s
Signature of General Partner	and the second of the second o
John R. Fraser, Vice President	
hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply
with the provisions of all statutes relative to the proper an familiar with and accept the obligations of my position as re	id complete performance of my duties, and I am
nerely 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	
Man I Shilling	
Signature of Registered Agent Marva L. Williams, Assist.	ant Mico Brosidont
ASSIST	auc Arca kleardent

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