

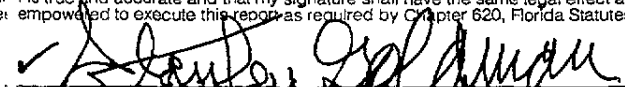


FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002090				May 02, 2005 08:00 PM Secretary of State	
1. Entity Name RESIDENT MANAGERS LTD.					
Principal Place of Business 4104 - 20TH STREET WEST BRADENTON, FL 34205		Mailing Address 4104 - 20TH STREET WEST BRADENTON, FL 34205			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0864520	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDMAN, STANLEY 4104 - 20TH STREET WEST, APT. 100 BRADENTON, FL 34205				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$6,033.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY			
DOCUMENT #	P98000077903	STREET ADDRESS			
NAME	RESIDENT MANAGERS CORP.	CITY- ST- ZIP			
STREET ADDRESS	4104 - 20TH STREET WEST, APT. 100				
CITY- ST- ZIP	BRADENTON, FL 34205				
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STREET ADDRESS					
CITY- ST- ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 		2.22.05 ✓ (941) 765-2661			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #			