WEST POINTE VILLAS, LTD.  O.1 APR 27 AH IC- 04  SECRETARY OF STATE TALLAHASSEE, FLORIDA  ORAMOR Paged of Business  Suita, April 4, etc.  DO NOT WRITE IN THIS SPACE  TOWN THE NOTIFIES AND THIS SPACE  DO NOT WRITE IN THIS SPACE  City & State	DOCUMENT # A9900001532  1. Entity Name WEST POINTE VILLAS, LTD.						FILED	2164 A	
Malling Address 80 NORTH HONAMO AVE. SUITE 200 PCRIAMOO PL 32004 4881  2. Principal Place of Business Suite. Apr. 8, etc. Suit								'n	
Sults. Apt. F. etc.  City & State  Country  Country  Do Not Writte in This SPACE  \$2.0 Country  2.0 Country  Do Country  Do Country  3. Contribute of Status Desired  \$3.75 Additional Fee Required  Fee Required  Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Streat Address (Po. Box Number is Not Acceptable)  City  FL Zup Code  FL Zup 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 Fonds.  SIGNATURE  SCIENATURE  SCIENATURE TO EPT. 0F STATE  SCIENATURE Store of Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  OCINETAL PARTNER THAT IS A BUSINESS ENTITY  IN COUNTRY THAT IS A COUNTRY THAT IS A SCIENATURE WEST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  CIENTAL PARTNER THAT IS A BUSINESS ENTITY  SIRET ADDRESS  CITY-ST-2P  PROBOURSAND'S  WEST POINTE VILLAS, INC.  SIRET ADDRESS  CITY-ST-2P  SIRET ADDRESS  CIT	800 NORTH HIGHLAND AVE SUITE 200 P.O. BOX 4961							SECRETARY OF STATE TALLAHASSEE, FLORIDA	
City & State  City & State  City & State  City & State  Country  Country  Country  Services of Status Desired  Name  Services of Status Desired  Name  Name  Name  Services of Status Desired  Name  Services of Status Desired Agent  Name  Services of Status Desired Agent  Name  Services of Status Desired Office or registered agent, or both, in the State of Florida.  Signature  Services of Status of Florida.  Signature Services or principles of changing its registered deflice or registered agent, or both, in the State of Florida.  Signature Services or principles of changing its registered deflice or registered agent, or both, in the State of Florida.  Signature Services or principles of Status Desired of Status Services or principles or principles of Status Services or principles or	Principal Place of Business . 3. Mailing Address								
Sp. 200   Country   Zip   Country   S. Certificate of Status Desired   Se. 75 Additional Fee Regulation   Fee Regulation	Suite, Apt. #, etc. Suit				ite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
S. Certificate of Status Desired   Poc. 19 Amount of Status Desired   Poc. 19 Amount of Capital Contributions as Shown on record.  38. General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION   13. ADDRESS CHANGES ONLY   Poc. 19 Amount of Capital Contributions (Capital Contributions as Street Address of New Partners (Capital Contributions as Street Address (Capital Contributions as Capital Capital Contributions (Capital Contributions as Street Address (Capital Capital Ca	City & State				City & State			50-2601510	
B&C CORPORATE SERVICES OF CENT. FLA., INC. 390 NORTH ORANGE AVE., SUITE 1100  ORLANDO FL 32801  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, load or prired named registered agent and title if appticable.  9. Capital Contributions 83.063,050.00  10. Amount of Capital Contributions 85.063,050.00  10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION  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  P9900003405  SIREET ADDRESS  COTY-ST-ZIP  CONLINEAT  WAVE  SIREET ADDRESS  CITY-ST-ZIP  CONLINEAT  SIREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  SIREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  SIREET ADDRESS					·	Coun	ntry	Fee Required	
BAC CORPORATE SERVICES OF CENT. FLA, INC. 390 NORTH ORANGE AVE., SUITE 1100  ORLANDO FL 32801  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  Springs Typed or present during of impostered agent and title if applicable.  ONTE: Registered Agent agreement days in statement of registered agent, or both, in the State of Florida.  SIGNATURE  Springs Typed or present during of impostered agent and title if applicable.  ONTE: Registered Agent agreement days in statement of registered agent, or both, in the State of Florida.  SIGNATURE  Springs Typed or present agent and title if applicable.  ONTE: Registered Agent agreement agent, or both, in the State of Florida.  ONTE: Registered Agent agreement agent, or both, in the State of Florida.  In the State of Florida.  ONTE: Registered agent, or both, in the State of Florida.  ONTE: Registered agent, or both, in the State of Florida.  In the State of Florida.  ONTE: Registered agent, or both, in the State of Florida.  In the State of Florida.  ONTE: Registered agent, or both, in the State of Florida.  In the State of Florid		6. Name	and Address of Curren	t Regist	tered Agent		Name	7. Name and Address of New Registered Agent	
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions as Shown on record.  8. 063,050.00 10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR REG INFORMATION  A GENERAL PARTINER 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 CHANG	· · · · · · · · · · · · · · · · · · ·							ess (P.O. Box Number is Not Acceptable)	
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.  SIGNATURE  Signature, hower or percent name of ingetimed agent and till if asplication.  10. Amount of Capital Contributions as Shown on record,  88.063.050.00  10. Amount of Capital Contributions as Shown on record,  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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  SIRRET ADDRESS  CHANGES  CHY-ST-2IP  CONCINENT:  SIRRET ADDRESS  CHY-ST-2IP  CONCINENT:  SIRRET ADDRESS  CHY-ST-2IP  CHY-ST-			,						
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Signature, typodo or privide charmed in physicand agent and that Replicable. (NOTE: Required Agent signature required when indinatorial)  S. Capital Contributions as Shown on record.  A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  SIBERT ADDRESS CHANGES ONLY  DOCUMENT / NAME  SIRET POINTE VILLAS, INC.  SON ONRTH HIGHLAND AVE., SUITE 200  ORLANDO FL. 32803  CITY-ST-ZIP  DOCUMENT / NAME  SIRET ADDRESS  CITY-ST-ZIP  DOCUMENT / NAME  SIRET ADDRESS  CITY-ST-ZIP  DOCUMENT / NAME  SIRET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / NAME  SIRET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  COUGLIENT / NAME  SIRET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  COUGLIENT / NAME  SIRET ADDRESS  CITY-ST-ZIP  COUGLIENT / NAME  SIRET ADDRESS  CITY-ST-ZIP	8. The above	named entity	submits this statement t	or the p	urpose of changing its i	registere	ed office or regi	gistered agent, or both, in the State of Florida.	
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	CITY-ST-ZIP	ertify that the	information supplied with	n this fili	ng does not qualify for t			n Section 119.07(3)(i). Florida Statutes. I further certify that the information	