B00000000008

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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: The Falls At Marina Bay Holdings, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B0000000008

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jack Taplin

(Contact Person)

The Falls At Marina Bay Holdings, L.P.

(Firm/Company)

13651 N.W. 4th Street

(Address)

Pembroke Pines, Fl. 33028

(City, State and Zip Code)

For further information concerning this matter, please call:

Jack Taplin

(Name of Contact Person)

at (954) 437-1435 (Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

INHS04 (01/06)

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to

change its registered	loffice or registered agent, or both	i, in the state of Florida.		
. The Falls	At Marina Bay Hold	ings, L.P.		
Na	me of Limited Partnership or Limited	Liability Limited Partnership		
_{2.} 01/11/2000 _{3.} B0		3. B00000000008		
Date of filing	registration in Florida	Florida document number		
4. The name of the re Department of State:	gistered agent and the registered offic	ce address as shown on the records of	the Florida	
	Robert Montaperto			
	Name			
2240 SW 33rd Terrace				
	Address			
	Ft. Lauderdale, FL	33312		
	City, State and	Zip	07	AIG
5. The name and Flor	ida street address of the new registere	ed agent and/or office:	الد 07	SECR
	Sarah Ward		L -6	SET T
	Name			SAL
	13651 N.W. 4th Str	eet	24	POR
	Florida street address (P.O. B	ox not acceptable)	6 են	AN
	Pembroke Pines	FL 33028	9	S
	City, State and	Zip		
6. Such change(s) is/a	re effective when filed by the Florida	Department of State.		
Signature of General I	artner			

Thereby 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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee: \$35.00 Certified Copy (optional): \$52.50