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(City/State/Zip/Phone #)

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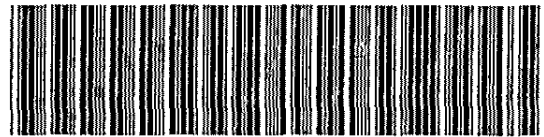
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Acknowledgement

DCC

W. P. Verifier

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10/29/04--01038--002 **175.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260
Duluth, Georgia 30096
770-497-9977 / 800-277-9977
Fax 770-813-0477 / fax 800-815-0477

TRANSMITTAL LETTER

October 27, 2004

RE: Cypress Pointe/A.C., L.P.

TO: Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FR: Maggie Ferdinand - maggie@paranetlegal.com
Paranet Job No. 04-10-0366/mf

PLEASE FILE/SUBMIT THE FOLLOWING **CHANGE OF AGENT APPLICATION**
ON BEHALF OF THE ABOVE COMPANY IN YOUR STATE.

UPON COMPLETION:

FAX EVIDENCE TO ME AT (800) 815-0477

REGULAR MAIL (STAMPED ADDRESSED ENVELOPE PROVIDED)
CHECK NO. 84671 AMOUNT: \$35.00 ENCLOSED

IF YOU HAVE ANY QUESTIONS, PLEASE CALL US USING OUR TOLL FREE
NUMBER (800) 277-9977.

THANK YOU FOR YOUR EXCELLENT SERVICE☺

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

**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.

1. Cypress Pointe/A.C., L.P.
Name of the limited partnership

2. 5/18/00 3. B00000000158
Date of filing/registration in Florida 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:

John Carter
Name
3105 Bay Oaks Ct.
Address
Tampa, FL 33629
City, State and Zip

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

NRAI Services, Inc. - Maggie Ferdinand, Asst.Secy.
Name
526 E. Park Avenue
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.

C. Harris Haston
Signature of General Partner Cypress Pointe II, L.L.C.

C. Harris Haston-
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.

NRAI Services, Inc. - Maggie Ferdinand, Asst.Secy.

by: M. Ferdinand
Signature of Registered Agent

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2000 OCT 29 53
TALLAHASSEE
SECRETARY OF STATE

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