B01000000209

FILED
2002 OCT 11 PM 1:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 774643 4983A

AUTHORIZATION Patricia Pizzuto

COST LIMIT : $ 35.00

ORDER DATE : October 8, 2002

ORDER TIME : 12:0 PM

ORDER NO. : 774643-010

CUSTOMER NO: 4983A

CUSTOMER: Ms. Thersea Cooke
Cozen O'connor, P.C.
The Atrium
1900 Market Street
Philadelphia, PA 19103

RECEIVED
02 OCT 11 PM 12:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

900008337249--1

NAME: SJS - PALM BEACH GARDENS, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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.

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TALLAHASSEE FLORIDA

1. SJS - PALM BEACH GARDENS, L.P.
Name of the limited partnership

2. 06/18/2001
Date of filing/registration in Florida

3. B01000000209
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:

CT Corporation System
Name

1200 South Pine Island Road
Address

Plantation, FL 33324
City, State and Zip

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

Corporation Service Company
Name

1201 Hays Street
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.

Signature of General Partner

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.

Corporation Service Company

Signature of Registered Agent Anne M. Martin, Asst. Vice President

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

INHS04(9/98)