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Division of Corporations

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: CORPORATION SERVICE COMPANY Account Name

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REGISTERED AGENT CHANGE NAPLES FALLING WATERS 504, LP

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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 office or registered agent, or both, in the state of Florida.

| 1. NAPLES FALLING WATERS 504, | | | |
|---|-------------------------------------|---------------------|--|
| Name of Limited Partnership or Lin | uited Liability Limited Partnership | þ | |
| 2, 11/15/2001 | 3. B01000000389 | | |
| Date of filing/registration in Florida | Florida document number | | |
| 4. The name of the registered agent and the registered Department of State: | office address as shown on the re- | cords of the Florid | ia |
| C T Corporation Syste | em . | | |
| Nan | | | |
| 1200 South Pine Island | d Road | | |
| Addr | Tess | | |
| Plantation, FL 33324 I | JS | althological | |
| City, State | and Zip | | ~ V |
| 5. The name and Florida street address of the new regi | istered agent and/or office: | | SECRETISION O |
| Corporation Service C | ompany | | # 33 |
| Nan | ne | | OF CAR |
| 1201 Hays Street | | | ::::::::::::::::::::::::::::::::::::: |
| Florida street address (P. | O. Box not acceptable) | | 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. |
| Tallahassee | FL 32301 | | |
| City, State | | | 2 当計 |
| 6. Such change(s) is/are effective when filed by the Flo | orida Department of State. | | X . |
| 116 | | | - 1 1 |
| Signature of General Partner Frank W. T. Asle | ex. Asst. Treas. Noples S | alling Woders | 504 My 10 100 10 |
| | | | INC. |
| I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with an accept the obligations of my Corporation Service Company By: | e proper and complete performance | | |
| Signature of Registered AgenSylvia Queppet, A | isst. VP | | |
| Filing Fee: \$35.00 Certified Copy (ontional): \$52.50 | | | |