B0200000248

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	<u></u>
	,	
(Ci	ty/State/Zip/Phon	e#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	}
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		Y
		nho.d
		19/1

Office Use Only



700009393257

12/10/02--01029--016 **35.00

RECEIVED
02 DEC 10 PH 12: 28
DIVISION OF CORFORATION

O2 DEC 10 PM 1: 10
SECRETARY OF STATE

CT CORPORATION

December 10, 2002

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5727879 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Evans Withycombe Residential, L.P. (DE) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 SEUNL JARY OF STAIL
SEUNL JARY OF STAIL

Page 1 of 1

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

Pursuant to the provisions of sections 620.105 and 620.1051, I	Florida Statutes, the undersigned limite	d
partnership organized under the laws of the state of Delaware	, submits th	ie
following statement in order to change its registered office or	registered agent, or both, in the state of	of
Florida.	= .	
Evans Withycombe Residential, L.P. Name of the limited partnershi	— ≞ ip	
2, 07/12/2002 3 B02000000248		
Date of filing/registration in Florida	Document number assigned	
4. The name and address of the present registered agent and office	SE TALI	
LexisNexis Document Solutions, Inc.		*****
3953 W.W. Kelley Road	- AAS	작품
Tallahassee FL 32311	SET SET	-
5. The name and street address of the successor registered agent ar	nd office: (P.O. Box not acceptable)	
CT Corporation System	COR I	
c/o C T Corporation System, 1200 South Pine Islan	nd Road	
Plantation, Florida 33324	<u> </u>	
Such change was authorized by the general partners.		
Soul Pan Faul Freman	12-3-02	
Signature of General Partner, Signature of General Partner, Having been named as registered agent and to accept service partnership at the place designated in this certificate, I hereby accept the service of the place designated in this certificate, I hereby accept the service of the servic	Date of process for the above stated limited	d nt
and agree to act in this capacity. I further agree to comply with to proper and complete performance of my duties, and I am famili position as registered agent	ne provisions of all statutes relative to in	re -
Bullon	103D	
Strictine M. Executive Agent signature	Date	

Filing Fee: \$35.00

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

INHSE004(3/95)