

Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

GMH COMMUNITIES, LP

Certificate of Status	0
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D. BRUCE

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EXAMINER

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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.

L CMH Communi	ties, LP		
	Name of Limited Parinership or Limi	ted Liability Limited Parmership	
2, 12/21/2004		3, 804000000552	
Date of filing/registration in Florida		Florida document num	ber
4. The name of the Department of State		ffice address as shown on the records t	of the Florida
	Capitol Corporate Services, Inc.	,	
	Nam	#	
	155 Office Plaza	Dr.	man - L
	Addre	· · · · · · · · · · · · · · · · · · ·	
	Tallahassee, FL 3230 j		
	City, State	and Zip	APR APR
5. The name and F	Ibrida street address of the new regis	tered agent and/or office:	SSE -
	C T Corporati	on System	
	Nam	e .	ျိုဟ co ုံး‴
	1200 South Pine	Island Road	0 SS
	Florida stroot address (P.C). Box not acceptable)	©™. ∵
	Plantation	FI. 33324	•
	City, State	end Zip	
6. Such change(s)	is/are effective when filed by the Flo	rida Department of State.	
Soum	- ruld ABST. SEC	Speneral Partne	r
Signature of Ocner		CMH COMM	nunities GP Trust
GMH/Zammunitie		l agree to act in this capacity. I further	d Atlatia do
comply with the pri	ovisions of all statutes relative to the	proper and complete parformance of n	ly duries,
and I am fantiliar	with an accept the obligations of my p	osition os registered ogent.	
Jan. 300	halte Jane Zach	ritz	
Signature of Regis	Assistant Se	cretary	·
Filing Fee:	\$35.00		•
Certified Copy	(optional): \$52.50		

PLO46 - OH/O4/2006 C T System Outino

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