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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : TRIAD PROFESSIONAL SERVICES LLC CQA  
Account Number : 120030000085  
Phone : (770) 777-2091  
Fax Number : (770) 226-1943

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REGISTERED AGENT CHANGE  
THE VILLAS AT CENTRAL PARK ASSOCIATES LIMITED PARTNE

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J SHIVERS

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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. THE VILLAS AT CENTRAL PARK ASSOCIATES LIMITED PARTNERSHIP**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 1/04/1996**

Date of filing/registration in Florida

**3. B96000000005**

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**

Name

**1201 HAYS STREET**

Address

**TALLAHASSEE, FL 32301-2525**

City, State and Zip

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

**NRAI Services, Inc.**

Name

**1200 South Pine Island Road**

Florida street address (P.O. Box not acceptable)

**Plantation**

**FL 33324**

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

/s/Craig Koenigsberg

Signature of General Partner, Authorized Person of its GP, THE VILLAS AT CENTRAL PARK, INC.

*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.*

**NRAI Services, Inc.**

by: *[Signature]*  
 Signature of Registered Agent

*K. Rahm, Asst Sec to NRAI*

**Filing Fee: \$35.00**

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