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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 APR 11

ACCOUNT NO. : 072100000032
REFERENCE : 493912 7292859
AUTHORIZATION : *Patricia Pajute*
COST LIMIT : \$ 35.00

ORDER DATE : March 26, 2002

ORDER TIME : 1:10 PM

ORDER NO. : 493912-020

CUSTOMER NO: 7292859

CUSTOMER: Ms. Cindy Kortegast
David Weekley Homes
1111 North Post Oak Road
Houston, TX 77055

900005255019--2

CHANGE OF AGENT

AL

NAME: WEEKLEY HOMES L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

RECEIVED
02 APR 11 PM 1:50

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.

1. WEEKLEY HOMES, L.P.

Name of the limited partnership

2. 11/18/1996

Date of filing/registration in Florida

3. B96000000435

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:

C T 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.

DAVID WEEKLEY, PRESIDENT OF


Signature of General Partner

DM WEEKLEY, INC., 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

Patricia Pizzuto
Asst. Secretary

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