APR-23-2001 15:55 P.02

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 MAY -1 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B97000000051

1. Entity Name
ARCHON RESIDENTIAL MANAGEMENT, L.P.

Principal Place of Business	Mailing Address
600 E LAS COLINAS BLVD SUITE 400 IRVING, TX 75039	600 E LAS COLINAS BLVD SUITE 400 IRVING, TX 75039

2. Principal Place of Business	3. Mailing Address
600 E LAS COLINAS BLVD	600 E LAS COLINAS BLVD
Suite, Apt. #, etc. SUITE 400	Suite, Apt. #, etc. SUITE 400
City & State IRVING, TX	City & State IRVING, TX
Zip 75039 Country USA	Zip 75039 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2687822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$500,000.	$500,000.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # F97000000500 NAME Archon Residential Gen-Par, Inc STREET ADDRESS 600 E Las Colinas Blvd, Suite 400 CITY-ST-ZIP Irving, TX 75039	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 400000424324 -9 -05/11/01 01129-016 ****526.25 ****526.25
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CR2E003 (11/00)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Robert Fraser 4/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date

Assistant Secretary of the General Partner

CT CORPORATION 14:42 APR-23-2001