4651 Sheridan St., She 200 Iolywood, FL 33001 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 300007107463--4 -08/14/02--01039--028 *****35.00 *****35.00 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Name Availabili Merger Other Docume OTHER FILING REGISTRATION/QUALIFICATION Examiner Annual Report Foreign Updater Fictitious Name Limited Partnership Reinstatement Updater Trademark DCC Verifyer Other DCC Acknowledgement

13480000000 193

DCC

Examiner's Initials

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. CYPRI	ESS CREEK PARK AND	RIDE ASSOCIATES	LIMITED PARTNERSHIP		
	Ŋ	Name of the limited part	nership	10-10-1	
2. 12/29/98		3	398000000722	-	
Date of filing/registration in Florida		Document number assigned			
4. The name of the repartment of Stat	~ ~	ne registered office	address as shown on the rec	cords of the Florida	
Department of Stat		. Stotzer, Esq.			
		Name		· ·	
	300 Hollywood Way				
		Address	-		
	Hollywood,	Florida 33021		TAS O	
		City, State and Zi	9	TE 21	
5. The name and addr	_	_	office:	JUG 14 RETARY AIIASSEI	
-	Theodore R	. Stotzer, Esq. Name			
		Name		-10 11.5 10:	
_	4651 Sheri	dan Street, Suite	200		
	Florida stree	et address (P.O. Box)	not acceptable)	इन उ	
	Hollywood,	FL 3	3021	•	
		City, State and Zip		• -	
6. Such change(s) was CYPRESS CREEK PARK A BY: SREG PARK AND I	s/were authorized by AND RIDE ASSOCIATE RIDE, INC., its ge	the general parine S LIMITED PARINE neral partner	rs. RSHIP		
Ву:					
Signature of General Partne	Theodore R. St	otzer, Executive	Vice President		
-					
with the provisions of familiar with and acce	all statutes relative pt the obligations of inge in the registere	to the proper and mv position as regi	to act in this capacity. I fur complete performance of i stered agent. Or, if this dochereby confirm that the lim	my duties, and I am cument is being filed	
	- The same				

Signature of Registered Ag	ent . Theodore R. S	Stotzer			
Diffigure of Regioned 215	, 111100000 110				

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