



THE UNITED STATES
CORPORATION
COMPANY

B99000000337

ACCOUNT NO. : 072100000032

REFERENCE : 679363 5022062

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : April 28, 2000

ORDER TIME : 9:32 AM

ORDER NO. : 679363-480

900003235069--7

CUSTOMER NO: 5022062

CUSTOMER: Angela Martinez, Paralegal
Simpson Housing Limited
3201 South Tamarac Drive
Suite 200
Denver, CO 80231

CHANGE OF AGENT

NAME: SIMPSON HOUSING LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

3/2
5/2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -2 PM 12:23

RECEIVED
00 MAY -2 AM 10:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -2 PM 12:23

1. SIMPSON HOUSING LIMITED PARTNERSHIP

Name of the limited partnership

2. September 9, 1999

Date of filing/registration in Florida

3. B99000000337

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, Florida 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.

Signature of General Partner

Asst Gen Mgr of CIP

I hereby accept the appointment as registered agent and agree to act in this capacity. If 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.

By:

Deborah D. Skipper

Signature of Registered Agent

**Deborah D. Skipper
Asst. Secretary**

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00