

August 23, 2001

FLORIDA SECRETARY OF STATE  
Corporations Division  
P O Box 6327  
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: ASHLEY GABLES PARTNERS LIMITED PARTNERSHIP

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 3229 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

*Delanie Case*

Delanie Case

enclosures

FILED  
01 AUG 27 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-08/27/01--01096--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

*899-392*  
*OK*

**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. ASHLEY GABLES PARTNERS LIMITED PARTNERSHIP  
Name of the limited partnership

2. 10/27/99 3. B99000000392  
Date of filing/registration in Florida 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: NRAI Services, Inc.

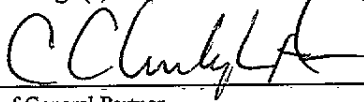
526 E. Park Avenue  
Address  
Tallahassee, FL 32301  
City, State and Zip

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TALLAHASSEE, FLORIDA

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

Capitol Corporate Services, Inc.  
Name  
1333 North Duval St.  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32303  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

  
Signature of 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.*

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00