F94000000978



November 6, 2001

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

900004676109--5 -11/13/01--01032--014 *****35.00 *****35.00

Re: Change in Registered Agent

In Re: RPS Management Company, Inc.

Myal Partnership Management Services, Inc.

ASB Enterprises, Inc.

Jones Walker Palm Gardens Associates, Ltd.

Parkside Gardens Associates, Ltd.

Hawthorne Villas Ltd. Inglis Villas, Ltd. Pinewood Villas, Ltd. Real Property Services Corp.

Kendall Lake Towers, LLC Broward Gardens Associates, Ltd.

ASB Kendall Services Corp.

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SLUKLIARY OF STATE
TALLADASSES FLORIS

Dear Sir or Madam:

Enclosed please find the appropriate forms, in duplicate, necessary to change the registered agent of the above captioned entities. In additions, checks have been enclosed to cover cost associated with these filings. Kindly return a filed stamped copy of the enclosed documents to my attention at the letterhead address.

Should you have any questions and/or concerns, please do not hesitate to contact me at (702) 315-5195.

Sincerely,

Real Property Services Corp,

Christopher Jorda

Paralegal -

11-19

Enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| rursuant to the provisions of sections 607.0502, 6. undersigned corporation organized under the laws | 17.0502, 607.15 of the State of | 508, or 617.1508, | Florida Statutes, the | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|--|
| submits the following statement in order to change | its registered of | Seraware | | |
| State of Florida. | ns registered off | nce or registerea t | agent, or both, in the | |
| 1. The name of the corporation is: RPS Manage | ment Company | r Tno | | |
| or the potation isin Indiana | mene company | , Luc. | | |
| | <u> </u> | <u></u> ੁੁੁੁੁੁੁੁੁ | | |
| 2. The mailing address of the corporation is: 818 | West Brooks | Аvепие | | |
| Nort | <u>h Las Vegas,</u> | Nevada 89030 | | |
| 3. Date of incorporation/qualification: 2/28/94 | Doc | cument number: | F9400000978 | |
| 4. The name and address of the current registered ag | | | | |
| Neil Schaeffer | | · <u>÷</u> | Āv o | |
| 243 North Shore Drive | | | OI NOV 13 | |
| Osprey, Florida 34229 | | | VI3 | |
| 5. The name and address of the new registered agent | and office: (P. | O. Box Not Accep | | |
| Two Markand | | | phable) of S | |
| 9951 Atlantic Blvd, Suite | | - | : 20 TATE ORID/ | |
| <u> Jacksonville, Florida 3222</u> | 5 | | | |
| The street address of its registered office and the stagent, as changed, will be identical. | treet address of | the business offi | ce of its registered | |
| Such change was authorized by resolution duly add | opted by its boa | ard of directors or | by an officer so | |
| _ dund. mi | | | 10/15/01 | |
| (Signature of an officer, chairman or vice chairman of th | e board) | (Da | nte) | |
| Allan S. Bird, President | | | | |
| (Printed or typed name and title) | | _ * * * * * * * * * * * * * * * * * * * | | |
| Having been named as registered agent and to accessory or at the suppointment as refurther agree to comply with the provisions of all berformance of my duties, and I am familiar with a segistered agent. | ept service of pi gistered agent o statutes relative and accept the o | rocess for the abo and agree to act i e to the proper a bbligation of my p | ove stated in this capacity. ad complete position as | |
| Suns Marchard | | 10/2-10 | | |
| (Signature of Registered Agent) Lynn Mayhood | | (Date) | | |
| signing on behalf of an entity: | | • | | |
| Allan S. Bird | ÷ | . Propidica | | |
| (Typed or Printed Name) | | President (Capacity) | | |

CR2E045(7/97)

* * * FILING FEE: \$35.00 * * *