## M91000000734



March 4, 1999

Florida Department of State Department of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

- Affordable Living Choices Trust 1.
- 2. ASB Enterprises, Inc.
- D.A.C. Memorial Foundation
- Jones Walker Palm Gardens Associates, Ltd.
- 5. Kendall Lake Towers, LLC
- MYAL Partnership Management Services, Inc.
- Real Property Services Corp. 7.

RPS Management Company, Inc. 8.

## Dear Sir or Madam:

Enclosed are the forms required to change the Registered Agent for Service of Process for each of the above companies, submitted in duplicate. For each company, a check is enclosed in the amount of \$35.00, representing the filing fees. Please return evidence of filing to my attention at the letterhead address. If you have any questions, please feel free to contact me at (760) 839-7908.

Man 000000739

Yours very truly,

Real Property Services Corp.

Diana L. Farace Legal Assistant

Enclosures

df State\Florida

Real Property Services Corp. 333 S. Juniper Street, Suite 217 Escondido, California 92025 (760) 839-7908 Fax (760) 839-9025

Name Availability	
Document Examiner	
Updater	
Uudater Verifyer	W .
Acknowledge	ement

4. P. Verifyer

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ed liability company is:	KENDALI	L LAKE TOWERS, L	LC		<del>.</del>
2. The mailing address of	the limited liability con	npany is :I	O BOX 371179			
LAS VEGAS, NV						
11-10-9-	}		m9700000	2073	9	<u>—</u> -
3. Date of filing/registrat	······································	•	4. Document numb			<del></del>
5. The name of the register Florida Department of	ered agent and the registe	ered office ac	idress as shown on	the records	of th	ie
Piorida Department of	CORPORATION SERV	ICE COMPANY	7			
		Name	<u> </u>			
	1201 HAYS STREET					
		ddress				므
	TALLAHASSEE, FL 32301  City, State and Zip				99 HAR	
6. The name and address of the new registered agent and/or office:					是沒	
o. The name and address of	or the new registered age	ent and/or off	1ce:		9	
	NEIL SCHAEFFER				===	<b>3</b> ==
	N	lame			- <del></del> -	35
	27121 EDENBRIDGE	COURT	-		MH: 52	Ēm
	Florida street address (	P.O. Box NO	OT acceptable)		$\sim$	7
	BONITA SPRINGS,	FL 3413	5			
	City, St	ate and Zip		-		
If the limited liability co confirmed that after the cand the business office of liability company, it is he of a majority of the memborganization or the regulators:  (Signature of a member or author PATRICIA M. GREEN, SERVICES CORP., MEM (Printed or typed name of signee)	hange or changes are me for the registered agent we reby confirmed that the pers of the limited liabilitions of the limited liabilitions of the limited liabilities of a member secretary of a member	iade, the Flor vill be identic change(s) we ity company lity company	rida street address of cal. Or, in the cas as/were authorized or as otherwise pro	of the regis	stered rida	l office limited
I hereby accept the appoint comply with the provision and I am familiar with a document is being filed to the limited liability comparts.  (Signature of Registered Agent)  Division	ntment as registered age s of all statutes relative and accept the obligation merely reflect a change my has been notified in w	<del></del> .			ner av f my Or onfin	gree to duties, if this in that
INHS18(9/97)	· · · · · · · · · · · · · · · · · · ·	FEE: \$35.0	·			,