

November 6, 2001

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

800004676198---9 -11/13/01--01032--023 *****25,00 *****25.00

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. IN HOY 13 PM 3: 58
SHOW A CORPORATIONS
ALL AHASSEE, FLORIDA

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 Jordan

Paralegal ——

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Enclosures

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.

agent, or both, in the St	ate of Florida.		25.12 01 10810101
1. The name of the limit	ted liability company is:Kend	all Lake Towers,	LLC
2. The mailing address of	of the limited liability company is:	818 West Brooks	Аvелие
		North Las Vegas	, Nevada 89030
November 10,	1997	м97000000739	
3. Date of filing/registration in Florida 4. Document nu		nber	
5. The name of the regis Florida Department of	tered agent and the registered office State:	e address as shown o	n the records of the
	Neil Schaeffer		D
	Name		
	243 North Shore Drive		FIL 2001 NOV 13 VALLAHASS
Address			<u> </u>
Osprey, Florida 34229			
	City, State and 2	Zip	
6. The name and address of the new registered agent and/or office:			HED PH 3: 58 ORPORATIONS SEE, FLORIDA
	Lynn Mayhood		20 110 80 80 80
	Name		S
	9951 Atlantic Blvd., Suite	440	
Florida street address (P.O. Box NOT acceptable)			
	Jacksonville, FL 32	2225	
	City, State and Zi	p	,
and the business office of liability company, it is hof a majority of the memorganization or the regular	ompany is not organized under the change or changes are made, the I of the registered agent will be idecreby confirmed that the change(s) bers of the limited liability comparations of the liability comparations of th	florida street address ntical. Or, in the ca was/were authorized	
	·		
Allan S. Bird		-	
(Printed or typed name of signed I hereby accept the appoor comply with the provision and I am familiar with document is being filed to the limited liability complete.	intment as registered agent and ag ns of all statutes relative to the pro and accept the obligations of my merely reflect a change in the res any has been notified in writing of the	ree to act in this cap per and complete pe position as registe sistered office addres this change.	acity. I further agree to rformance of my duties, red agent. Or, if this ss, I hereby confirm that
(Signature of Registered Agent)	Lynn Mayhood	· ·	•

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