FILED Jun 08, 2004 8:00 am Secretary of State 05-05-2004 90228 022 ***158.75

THE NOWER PER IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.	DOCUMENT # P01000029473 1. Entity Name SEMINOLE HOUSING PARTNERS, INC.											
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S. Name and Address of Current Registered Agent DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BOULEVARD SUITE 508 PALM BEACH GARDENS, FL 33410 Cey FL Zip Code 8. The above named entity statement for the purpose of changing its registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Footda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Syman, bod or press are of registered agent. DATE FILE NOWNIE FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIE NAME SIREI ADDRESS ONT-ST-2P ONTARIO CANADA L4B 1C8. OFFICERS AND DIRECTORS IN 11 INIE NAME SIREI ADDRESS ONT-ST-2P ONTARIO CANADA L4B 1C8. ONTAR	City & State			City & State		·			-0562251			
DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BOULEVARD SUITE 508 PALM BEACH GARDENS, FL 33410 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordsa. I am familiar with, and accept the obligations or registered are registered agent, or both, in the State of Fordsa. I am familiar with, and accept the obligation or registered office or registered agent, or both, in the State of Fordsa. I am familiar with, and accept the obligation or registered office or registered agent, or both, in the State of Fordsa. I am familiar with, and accept the obligation or registered agent, or both, in the State of Fordsa. I am familiar with, and accept the obligation or registered agent, or both, in the State of Fordsa. I am familiar with, and accept the obligation or registered agent, or both, in the State of Fordsa. I am familiar with, and accept the obligation or registered agent, or both, in the State of Fordsa. I am familiar with, and accept the obligation or registered agent, or both, in the State of Fordsa. I am familiar with, and accept the obligation or registered office or registered agent, or both, in the State of Fordsa. I am familiar with, and accept the obligation or registered agent, or both, in the State of Fordsa. I am familiar with, and accept the obligation or registered office or regis	Zip		Country	Zip Coun		try						
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PALM BEACH GARDENS, FL 33410 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are depth agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the famil	3801 PGA BOULEVARD					Street Address (P.O. Box Number is Not Acceptable)						
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12. I heroby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with apraiddress, with all other like empowered.												
SIGNATURE: SOUNTINE AND TYPED DATFRONTED MAKE OF SIGNAND OFFICER ON DIRECTION Date Of Daylone Prome P												