





November 6, 2001

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 600004676116--3 -11/13/01--01032--015 \*\*\*\*\*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.

OI NOV 13 PM 12: 20

## 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 Jo

Paralegal —

RA Marga 11-19-101

Enclosures

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

rursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <a href="Nevada">Nevada</a> 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 corporation is: Myal Partnership Management Services, Inc.	
2. The mailing address of the corporation is: 818 West Brooks Avenue	
North	Las Vegas, Nevada 89030
3. Date of incorporation/qualification: 1/23/89	Document number: P22683
4. The name and address of the current registered agen	· · · · · · · · · · · · · · · · · · ·
Neil Schaeffer	
243 North Shore Drive	7 <u>0</u> 0
Osprey, Florida 34229	AH NO TO
5. The name and address of the new registered agent ar	nd office: (P. O. Box Not Acceptable)
	mc 2 III
	THE PERSONS AND ADDRESS AND AD
9951 Atlantic Blvd, Suite 44	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Jacksonville, Florida 32225	
The street address of its registered office and the streagent, as changed, will be identical.	eet address of the business office of its registered
Such change was authorized by resolution duly adop authorized by the board.	ted by its board of directors or by an officer so
(Simple of the Control of the Contro	
(Signature of an officer, chairman or vice chairman of the b	oard) (Date)
Allan S. Bird, President	- 5 ž
(Printed or typed name and title)	
Having been named as registered agent and to accept corporation, I hereby accept the appointment as reginal further agree to comply with the provisions of all states of my duties, and I am familiar with analystered agent.	it service of process for the above stated stered agent and agree to act in this capacity. atutes relative to the proper and complete I accept the obligation of my position as
Turn Mr. land	who the
(Signature of Registered Agent)  Lynn Mayhood	(Date)
f signing on behalf of an entity:	
Allan S. Bird	President
(Typed or Printed Name)	(Capacity)

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