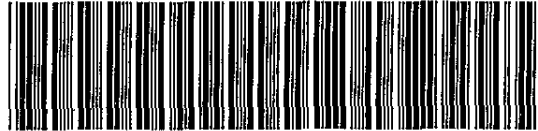


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

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TRANSMITTAL LETTER

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TO: Amendment Section
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Prerr - Rapoport Family
(Name of corporation)

DOCUMENT NUMBER: A 03 000 000 283

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Rapoport

(Name of person)

Prerr-Rapoport Family Envertment, LTD

(Name of firm/company)

837 Spinnaker Drive East

(Address)

Hollywood, FL 33019

(City/state and zip code)

For further information concerning this matter, please call:

William Rapoport

(Name of person)

at (954) 457-1810

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Prerr-Rapoport Family Investment LTD
Name of the limited partnership

2. 2/20/2003
Date of filing/registration in Florida

3. A 03 000000 283
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

B & C Corporate Services, Inc.
Name
201 South Biscayne Boulevard, Suite 3000
Address
Miami, Florida 33131
City, State and Zip

5. The name and address of the new registered agent and/or office:

William Rapoport
Name
837 Spinnaker Drive East
Florida street address (P.O. Box **not** acceptable)
Hollywood, FL 33019
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

William Rapoport
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

William Rapoport
Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**