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TALLAHASSEE, FLORIDA

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December 23, 2003

CERTIFIED MAIL 71879221000000008960
RETURN RECEIPT REQUESTED

PERSONAL & CONFIDENTIAL

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

Re: RS Family Limited Liability Limited Partnership No.3, LLLP
Our Reference No. 904 (L.3)

Dear Sir/Madam:

Enclosed please find the following items:

1. Limited Partnership Statement of Change of Registered Office or Registered Agent or Both for Corporations for **RS Family Limited Liability Limited Partnership No.3, LLLP**; and
2. Check made payable to the "**Florida Department of State**" in the amount of \$35.00.

Please acknowledge receipt of this letter and enclosed check by signing the acknowledgment copy of this letter and returning it to me. I have provided a self-addressed return envelope for your convenience. Thank you for your cooperation.

Very truly yours,


KEVIN E. PACKMAN
For the Firm

KEP/lr

Enclosures

H:\CLIENTS\SCHAEFER\LETTERS\2003-12-23-LLLP-CHANGE OF REGISTERED AGENT.DOC

Receipt of the above-mentioned form and check in the amount of \$35.00 is hereby acknowledged this _____ day of _____, 2003.

FLORIDA DEPARTMENT OF STATE

By: _____

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TALLAHASSEE, FLORIDA

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

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. RS FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP NO. 3, LLLP
Name of the limited partnership

2. DECEMBER 22, 2003 3. A03000001781
Date of filing/registration in Florida 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:

IRA KAPLAN
Name
3 SW 129TH AVENUE, SUITE 400
Address
PEMBROKE PINES, FL 33027
City, State and Zip

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TALLAHASSEE, FLORIDA

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

BARRY A. NELSON, ESQ.
Name
C/O NELSON & LEVINE, P.A., 2775 SUNNY ISLES BLVD, SUITE 118
Florida street address (P.O. Box **not** acceptable)
NORTH MIAMI BEACH, FL 33160
City, State and Zip

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


Signature of General Partner, ROWLAND SCHAEFER, PRESIDENT

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.


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**