A04000000040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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ACCOUNT NO. : 072100000032

REFERENCE : 247637 7476505

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 35.00

ORDER DATE : March 9, 2005

ORDER TIME : 10:50 AM

ORDER NO. : 247637-015

CUSTOMER NO: 7476505

CUSTOMER: Mr. J. Kemp Brinson
Straughn, Straughn & Turner,
Po Box 2295

Winter Haven, FL 33883-2295

CHANGE OF AGENT

NAME: GB LIMITED PARTNERSHIP, LLLP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____

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. GB LIMITED PARTNERSHIP, LLLP
Name of the limited partnership

2. 01/08/2004
Date of filing/registration in Florida

3. A04000000040
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:

Robert R. Crittenden
Name

103 Avenue A. N.W.
Address

Winter Haven, FL 33881
City, State and Zip

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

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **not** acceptable)

Tallahassee FL 32301
City, State and Zip

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

Signature of General Partner
Milton Jacobs

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.

Corporation Service Company

Signature of Registered Agent Jennifer A. Geldof, Asst. VP

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