A20162

ACCOUNT NO. : 072100000032

REFERENCE : 203666 5167317

AUTHORIZATION : Patricia Pagan

COST LIMIT : $ 35.00

FILED
02 FEB -4 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 1, 2002

ORDER TIME : 9:32 AM

ORDER NO. : 203666-010

CUSTOMER NO: 5167317

200004863542--7

CUSTOMER: Ms. Colleen Darling
The Clark Construction Group
7500 Old Georgetown Road

Bethesda, MD 20814

CHANGE OF AGENT

NAME: SHOREVIEW LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY

BK

CONTACT PERSON: Angie Glisar

RECEIVED
02 FEB -4 AM 10:25
DIVISION OF CORPORATIONS
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. SHOREVIEW LIMITED PARTNERSHIP
Name of the limited partnership

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TALLAHASSEE, FLORIDA

2. 06/17/1985
Date of filing/registration in Florida

3. A20162
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:

Eugene E. Lunger, c/o Clark Construction Group
Name

3440 Hollywood Blvd., Suite 300
Address

Hollywood, FL 33021
City, State and Zip

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.

Clark Enterprises, Inc., General Partner
By:
Lawrence C. Nussdorf, President
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.

Corporation Service Company

Signature of Registered Agent Carol K. Dolor, Asst. Vice President

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

INHS04(9/98)