A33241

Trilogy Holdings, Ltd.
800 Brickell Avenue, Suite 201
Miami, Florida 33131

December 7, 2001

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*****35.00 *****35.00

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Trilogy Holdings, Ltd.
Document Number: A33241

Dear Sir or Madam:

This letter is to notify your office of a change of address for Trilogy Holdings, Ltd.:

Previous Address: One S.E. Third Avenue, Suite 1700
Miami, Florida 33131

New Address: 800 Brickell Avenue, Suite 201
Miami, Florida 33131

Phone Number: 305-374-3073
Fax Number: 305-577-3499

The above address is both the physical location and the mailing address of Trilogy Holdings, Ltd.. Please adjust your records accordingly. Thank you for your prompt attention to this matter.

Sincerely,

Richard J. Razook

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2001 DEC 12 AM 11:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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. TRILOGY HOLDINGS, LTD.
Name of the limited partnership

2. JULY 27, 1992
Date of filing/registration in Florida

3. A33241
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:

RICHARD J. RAZOOK
Name

1 S.E. 3RD AVENUE, SUITE 1700
Address

MIAMI, FL 33131
City, State and Zip

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

RICHARD J. RAZOOK
Name

C/O FOLEY & LARDNER, 800 BRICKELL AVE, SUITE 201
Florida street address (P.O. Box **not** acceptable)

MIAMI, FL 33131
City, State and Zip

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

Cardinal Holdings, Inc. General Partner
by its Vice President,
Richard Razook
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.

Signature of Registered Agent

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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