

A 99 000000239

JOEL REINSTEIN

OFFICES
OF
JOEL REINSTEIN
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March 29, 1999

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

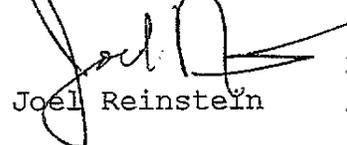
Re: The Reid Family Limited Partnership

Dear Sir:

Please find enclosed a Statement of Change of Registered Office and Registered Agent for the above-referenced entity for filing. Also enclosed is our check in the amount of \$35.00 representing your filing fee, as well as a return envelope for the return of a "filed" copy.

Thank you for your cooperation in this matter.

Sincerely,


Joel Reinstein

JR/wsm
Enclosures-check
cc: Mr. Charles P. Reid
Harry D. Sweeney, CPA

StateChg.ltr

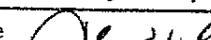
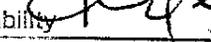
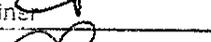
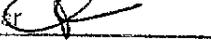
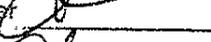
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TALLAHASSEE, FLORIDA

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Name	
Availability	
Document Examiner	
Updater	
Updater Verifier	
Acknowledgment	
W. P. Verifier	

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. THE REID FAMILY LIMITED PARTNERSHIP
Name of the limited partnership

2. 02/05/1999 3. A99000000239
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:

Charles P. Reid
Name
5801 N.W. 21st Way
Address
Boca Raton, FL 33496
City, State and Zip

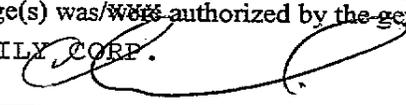
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TALLAHASSEE, FLORIDA

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

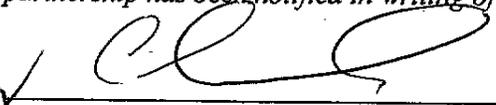
Charles P. Reid
Name
4375 Sanctuary Lane
Florida street address (P.O. Box not acceptable)
Boca Raton FL 33431
City, State and Zip

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

REID FAMILY CORP.

By: 
Signature of General Partner Charles P. Reid, 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 Charles P. Reid

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00