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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : I2000000088 : (800)221-0102 Phone

Fax Number : (212)564-6083

REGISTERED AGENT CHANGE

EDR TALLAHASSEE LIMITED PARTNERSHIP

Certificate of Status	0
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OCT 1 8, 2005

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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.	EDR TALLAHA	assee limite	D PARTNERSHI	<u></u>		
		Name of the limited partnership					
	2. 9/15,	/1997	3.	B9700000	0485		
		gistration in Florida		Document mani	ber assigned		
	4. The name of the r Department of Sta	ıle:	registered office ation Service C		n the records of the Florida		
			Name		.Q ;		
			201 Hays Street	t			
			Address		PART FI		
		Tallaha	ssee	FL 32301-2525			
			City, State and Z	13	まる」		
	5. The name and add	iress of the new registe	red agent and/or	office:	SER E		
	National Corporate Research, Ltd., Inc.						
			Name		9: 29 FLORATI		
		51	5 East Park A	/enue	3 6 6		
		Florida street	address (P.O. Box	not acceptable)	アを		
		Tallahas	Limiter in the second	FL 323	01		
			City, State and Zi	•	7.7. f = 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		
níted	6. Such change(s) w	ns/were authorized by the first seneral	the general parine partner. By: its monage	rs. By: EDR Ta. EDR Tellahass: ell H. Brown	llahassee, LLC, a Delaware ee, Inc., a Delaware Corporatio		
X	11/04/12/			استعدال والمراجع المراجع	Vice President & Secretary		
	Signature of General Part	ner	P	riot Signer's Name & Ti	tle and/or Capacity		
	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comwith the provisions of all statutes relative to the proper and complete performance of my duties, and I familiar with and accept the obligations of my position as registered agent. Or, if this document is being finerally to reflect a change in the registered office address, I hereby confirm that the limited parmership then notified in writing of this change.						
1	Larenne	Louis	Kare	n McKeown	Asst. Secretary		
/ /	Signature of Registered A			rini Signer's Name & Ti			

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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