

C T CORPORATION SYS	TEM			
Requestor's Name 660 East Jefferson	Street			
	301 (850)222-1092	11	00003162 -03/08/00-(
City State Zip	Phone	/	*****25.00	*****25.00
CORPOR	RATION(S) NAME	11	00003162 -03/30/000 *****10.00	
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<pre>() Profit () NonProfit () Limited Liability Co</pre>	() Amendn	nent	() Merger	9: 49
() Foreign	: () Dissolut	ion/Withdrawal	() Mark	<u> </u>
() Limited Partnership () Reinstatement	() Annual I () Reserva		() Other Change o	
() Limited Liability P () Certified Copy	() Photo C	opies	() CUS	
() Call When Ready Walk In	() Call if Pr () Will Wai		() After 4:30 Pick Up	₹ ,
() Mail Out				
Name Avallability	3/8	PLEASE	RETURN EXTRA CO)PY(S)
Document Examiner	ACISOLA SEES, FLORIDA TALLAHASSEE, FLORIDA		FILE STAMPED THANKS !	
Updater	<u>TATZ </u>		CONNIE BRYAN	
Verifier	E :SI M9 8- AAM 00			
Acknowledgment	RECEIVED	*	ì	
W.P. Verifier		13 K	_ 3/29	W
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 9, 2000

CT CORPORATION SYSTEM ATTN: CONNIE BRYAN

SUBJECT: CH MORTGAGE COMPANY I, LTD.

Ref. Number: B9700000622

NO MAR 29 AM 9: 49

We have received your document for CH MORTGAGE COMPANY I, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, not a limited partnership. Please complete the enclosed I.p. form. Please note that the fee for this filing is \$35. Please submit an additional \$10 check.

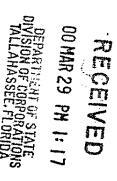
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 900A00013075

Maik, In



Florida Department of State, Jim Smith, Secretary of State

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 organized under the laws of the state of, submits the following statement in order to change its registered office or registered agent, or both, in the state of										
Florida.	, 10g,0t010	u ugom, o								
1. The name of the limited partnership i	s: 				00	96756 196756				
2. The date of filing/registration in Florid	a: -				00 MAR 29 A	THE CHILL				
3. Document number assigned:B970000006224. The name and address of the preser	- nt registere	d agent ar	nd office:		AM 9: 49	STATE				
Mary Jo Rushing	it regiotore	a agoni a			و	OHS.				
3000 Govenor's Square Blvd. Suite 106			. 4	230.2						
Miami Lakes, FL 33016 5. The name and address of the succest (P.O. Box not A	ssor registe cceptable	;)	and office	: .:		<u> </u>				
c/o C T Corporation S		200 South		nd Road						
CHMortgage Company GP	TURE:	Samu	'artner Sar	nuel R. Fu	ller	<u> </u>				
HAVING BEEN NAMED AS REGISTER! PROCESS FOR THE ABOVE STATED NATED IN THIS CERTIFICATE, I HERE REGISTERED AGENT AND AGREE TO COMPLY WITH THE PROVISIONS AND COMPLETE PERFORMANCE OF ACCEPT THE OBLIGATION OF MY PO	EIMITED P BY ACCEF) ACT IN T OF ALL ST MY DUTIE	ARTNERS PT THE AP HIS CAPAGE TATUTES F S, AND I A REGISTE	POINTME CITY. I FU RELATIVE M FAMILIA	NT AS RTHER AG TO THE PI AR WITH A NT.	REE ROPE					
SIGNA	TURE:	(0)	fficer)		Morales Asst. Sec	retary				
Date:	Mare	pe Name ai	nd Title of (2000							
Division of Corporations, I	P.O. Box	6327, Ta	allahass	ee, FL 32	314					

Filing Fee: \$35.00

(FLA, -LP 2824 - 2/1/92)

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