

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0380

## From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
Account Number : I200000000088  
Phone : (800) 221-0102  
Fax Number : (212) 564-6083

## REGISTERED AGENT CHANGE

## EDR THARPE LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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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. EDR THARPE LIMITED PARTNERSHIP  
Name of the limited partnership

2. 2/3/1999 3. B99000000047  
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:

Corporation Service Company  
Name  
1201 Hays Street  
Address  
Tallahassee FL 32301-2525  
City, State and Zip

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

National Corporate Research, Ltd., Inc.  
Name  
515 East Park Avenue  
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. By: EDR Tharpe, LLC, a Delaware limited liability company, its general partner. By: EDR Tharpe, Inc., a Delaware corporation

X [Signature] Randall H. Brown Vice President & Secretary  
Signature of General Partner Print Signer's Name & Title and/or Capacity

*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] Karen McKeown Asst. Secretary  
Signature of Registered Agent Print Signer's Name & Title and/or Capacity

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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