



A30558

FILED
01 FEB 16 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 007239 7205268

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pujato

ORDER DATE : February 15, 2001

ORDER TIME : 9:44 AM

ORDER NO. : 007239-085

CUSTOMER NO: 7205268

CUSTOMER: Ms. Sarah Lindberg
Meadowbrook Group, Inc.
331 S. Florida Avenue
Suite 41
Lakeland, FL 33801

700003707027--6

CHANGE OF AGENT

NAME: THE FAIRWAYS GROUP OF DELAWARE
LIMITED PARTNERSHIP

SECRETARY OF STATE

2001 FEB 16 11:25 AM

SECRETARY OF STATE

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

U. COULLETTE FEB 16 2001

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 FAIRWAYS GROUP OF DELAWARE LIMITED PARTNERSHIP
Name of the limited partnership

2. September 05, 1990 3. A30558
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:

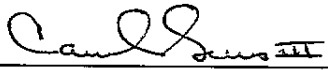
C T Corporation System
Name
1200 S. Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

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

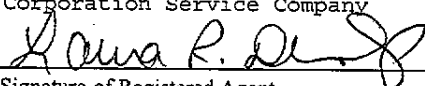
Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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


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.

Corporation Service Company

Signature of Registered Agent

**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**