

# A95000000257

**CFRA, LLC**  
**Registered Agent Services**  
**A Subsidiary of Carlton Fields**

ONE HARBOUR PLACE, 5<sup>TH</sup> FLOOR  
777 S. HARBOUR ISLAND BOULEVARD  
TAMPA, FLORIDA 33602-5730

MAILING ADDRESS:  
P. O. BOX 3239  
TAMPA, FLORIDA 33601-3239  
TEL (813) 223-7000 FAX (813) 229-4133

FILED  
2002 MAY 13 AM 11:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

May 9, 2002

Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

300005506363--7  
-05/13/02-01065--009  
\*\*\*\*155.00 \*\*\*\*\*35.00

Re: Registered Agent Statements of Change

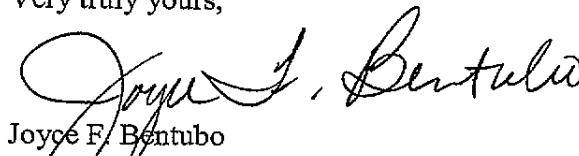
Gentlemen:

Please find enclosed statements of change for the registered agents of the following corporations and limited liability companies:

American Beach Resort, L.P.  
~~Daytona Americano Management, Inc.~~  
~~Manual Medicine Center, Inc.~~  
~~Larian, L.L.C.~~  
Mediterranean LLC

Also enclosed is Carlton Fields' Check No. 293334 in the amount of \$155.00 for the payment of the filing fees of the above-described statements of change.

Very truly yours,

  
Joyce F. Bentubo  
Administrative Assistant

jfb  
Enclosures

**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. Americano Beach Resort Limited Partnership  
Name of the limited partnership

2. 2/23/95  
Date of filing/registration in Florida

3. A95000000257  
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:

Marsha G Madorsky Esq  
Name  
100 SE 2nd St suite 4000  
Address  
Miami FL 33131  
City, State and Zip

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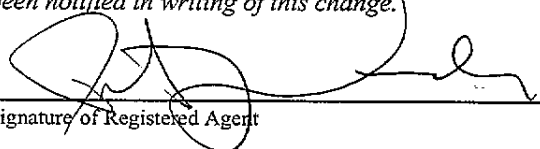
5. The name and address of the new registered agent and/or office:

CFRA LLC  
Name  
One Harbour Place 777 S. Harbour Island Blvd  
Florida street address (P.O. Box not acceptable)  
Tampa FL 33602  
City, State and Zip  
suite 500

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.*

  
Signature of Registered Agent

Peter J. Winders, Vice President  
5/07/02

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