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(City/State/Zip/Phone #)	03/26/03025: **35.00 .			
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CT CORPORATION	FILED
	03 MAR 25 PM 1: 16
March 26, 2003	 SEUNETARY OF STATE TALLAHASSEE, FLORIDA

Secretary of State, Florida		
409 East Gaines Street	-	
Tallahassee FL 32399		

Det	Onder H.	5805668 SO		_
Re:	Order <i>n</i> :	2802008 20		<u> </u>
	Customer Reference 1:			
	Customer	Reference 2:		-

Dear Secretary of State, Florida:

Please file the attached:

i

W.L.N. Family Limited Partnership (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman Fulfillment Specialist Katrina_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

Page 1 of 1

FILED LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED 03 MAR 25 PM 1: 16 **OFFICE OR REGISTERED AGENT, OR BOTH**

SEGREFARY OF STATE TALLAHASSEE, FLORIDA

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 Florida _, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1 WLN FAMILY LIMITED PARTNERSHIP

Name of the limited partnership

3. A98000000260

02/03/2000 Date of filing/registration in Florida

Document number assigned

4. The name and address of the present registered agent and office:

W. Lawrence Leneve

350 South Country Road, Suite 203

Pawlm Beach, Fl. 33480

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

Such change was authorized by the general partners.

Date

Genius Wellis, Manager7 Member

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.

Registered Agent signature

Date

James A. Bordonero Assistant Secretar Filing Fee: \$35.00

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

INHSE004(3/95)