

JOEL REINSTEIN

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OF
JOEL REINSTEIN
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January 30, 2002

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*****120.00 *****35.00

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

Dear Sir:

Please find enclosed a Statement of Change of Registered Office or Registered Agent form for each of the following entities for filing:

1. The NPV Family Limited Partnership (\$35.00)
2. NPV Family Corp. (\$35.00)
3. DCG Properties, L.L.C. (\$25.00)
4. CGC Properties, L.L.C. (\$25.00)

Also enclosed is our check in the amount of \$120.00 representing your total filing fee, as well as return envelopes for the return of "filed" copies.

Thank you for your cooperation in this matter.

Sincerely,


Joel Reinstein

JR/wsm
Enclosures-check
cc: Ms. Nancy P. Valassis
Mr. Larry Johnson
Leroy Koross, C.P.A.

StateChg.ltr

FILED
2002 FEB -4 AM 10:36
DIVISION OF CORPORATIONS
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. The NPV Family Limited Partnership
Name of the limited partnership

2. May 8, 2000
Date of filing/registration in Florida

3. A00000000778
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:

Joel Reinstein, Esq.

Name

5355 Town Center Road, #801

Address

Boca Raton, FL 33486

City, State and Zip

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

Joel Reinstein, Esq.

Name

925 S. Federal Highway, Suite 325

Florida street address (P.O. Box not acceptable)

Boca Raton, FL 33432

City, State and Zip

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

NPV FAMILY CORP.

✓ By: Nancy P. Valassis
Signature of General Partner Nancy P. Valassis, President

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.

✓ Joel Reinstein
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

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TALLAHASSEE, FLORIDA